

16224

20. DATE OF DEATH 2b. HOUR A November November 2:20 M Morton (none) Rabineau 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) 5 November 1918 Male White 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED WIDOWED [7] DIVORCED [ District of Columbia USA Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
The Clinical Center, NIH during most of working life, even if retired.) Electrical Engineer INDUSTRY Bethesda Government 13o, USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? of Columbia COUNTY 4501 Conn. Avenue, N. W. District YES IX Washington 14. FATHER'S NAME First 15. MOTHER'S MAIDEN NAME First Middle Middle David Rabineau Lena Goldstein 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address Yes, no, or unknown) [ (If yes give war or dates of service) 578-14-3853 The Clinical Center, NIH, Bethesda, Maryland 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardiac Arrest Minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove ) (h) Acute Intermittent Porphyria Lifetime rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES PE NO [ Yes 21o. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED AT HOME, FARM, STREET, FACTORY. 211. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while of work 22a. I certify that (\*) (this haspital) attended the deceased from 26 November 1968, to 30 Nov., 1968, that (a) (we) last saw the deceased alive on 30 November 1968, and that in (\*\*) (our) opinion death accurred on the date and haur and from the causes stated above, (K (we) (did) KNOW) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED. ATTENDING 11/30/68 DEGREE PHYS. 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Donald P. Tschudy, Institutes of Health, Bethesda, Maryland M. D. 230 BURIAL EREMATION, REMOVAL (Specify) 23b. DATE 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) ADDRESS 3 50/-1475-NA 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DAINZANSKYHOONS Williamles 1968

VR A15 (4) 30M REV, 1/68

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TO FUNERAL DIRECTOR: After this certificate

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16225 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 2b. HOUR DECEASED-NAME Eirst deoth. death. uneral (Type or print) 6. AGE (In years IF LINDER I YEAR IF HINDER 24 HRS 3 SEX lost birthdoy) MARCH 22 9. COUNTY OF DEATH MARRIED NEVER MARRIED country) remove corbon papers. DIVORCED [ 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Mond of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) during most of working life, even if retired.) 13e, STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN executed C925 GREENTA COUNTY 14. FATHER'S NAME Middle please 16b. SOCIAL SECURITY NO 17 INFORMANT Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (III yes eve wat or dates of service) certific attending pm AVERSY HARRYCKEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: deoth lised carinomalosis of abdomen enera DUE TO, OR AS A CONSEQUENCE OF with liver metastases. Conditions, if any, which gove rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) the this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20g. AUTOPSY? CAUSES OF DEATH? YES [7] detoched for use te Dept. of Health 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING TI CAUSE OF DEATH HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while at work of wark TENDING TO FUNERAL DIRECTOR: After 22a. I certify that (1) (this has mid) attended the deceased from.... NOU 14 1967, and that in (my) (our) opinion deoth occurred on the date and hour and from the saw the deceased alive an\_\_\_\_ causes stated abave. (1) (we) (did nat) view the bady ofter death 22b. SIGNATUR 22c. DATE SIGNED 22e. ADDRESS 22d. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE (County) 23o. BURIAL, CREMATION, BEMOVAL Specify) Lincoln, Loudoun Co., Virginia 11-18-1968 Friends Cemetery 24 Dusephu Gawler's Sons, Inc., 5050 Wisc. Ave. 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) N.W., Wash., D.C., 20016 1968 30M REV. 1/68

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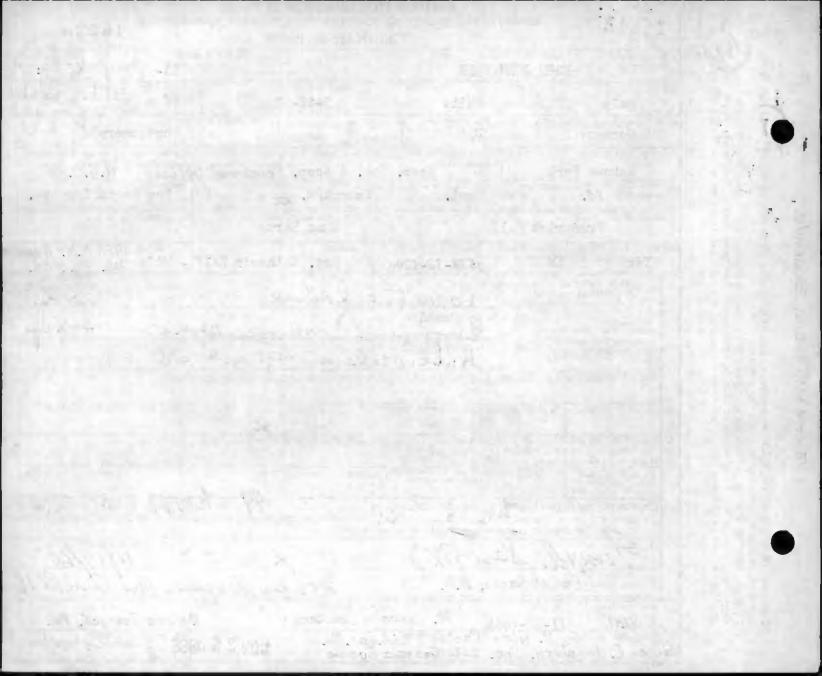
VR A15 (4) 30M REV, 1/68

## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

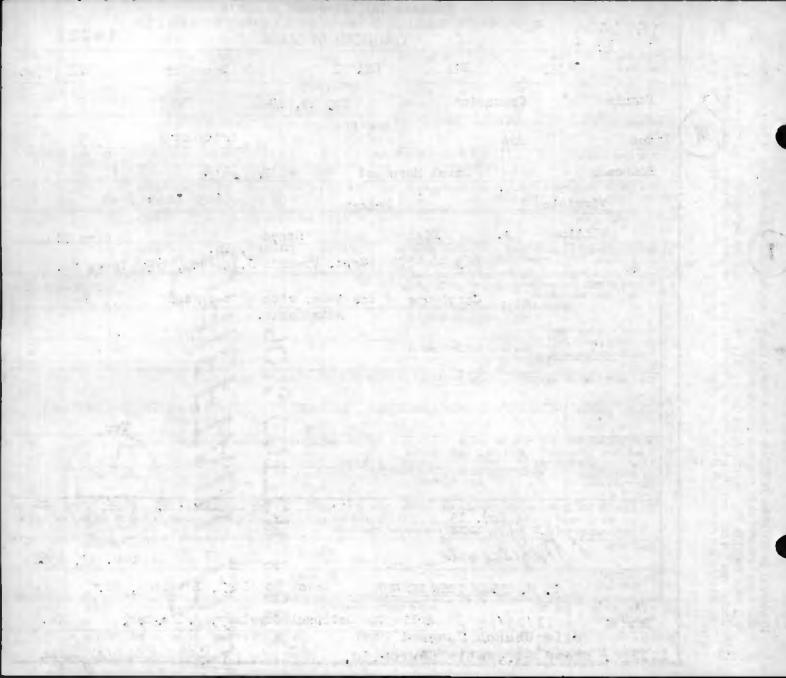
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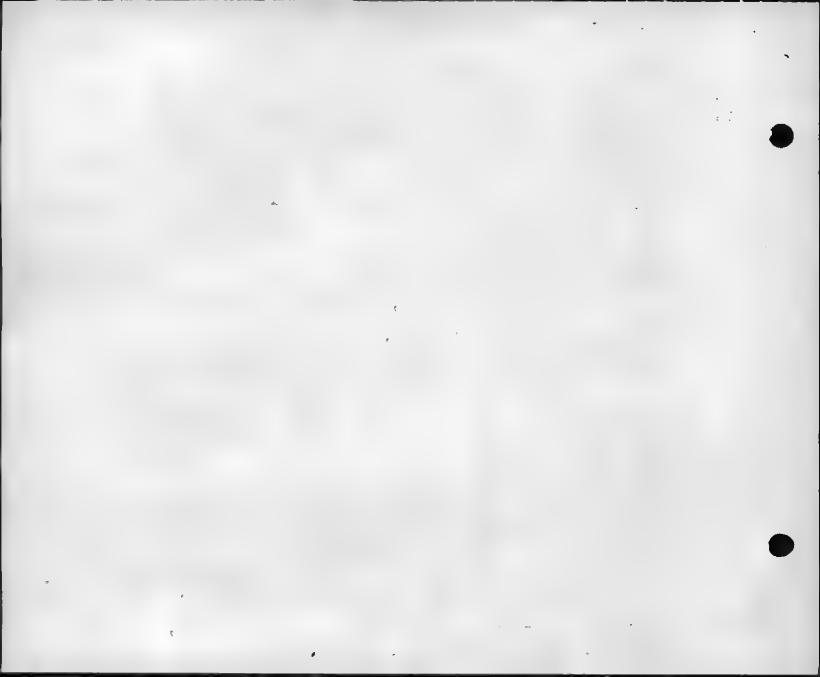


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VR A15 (4) 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 16323 DECEASED-NAME First M ddle 2g DATE OF DEATH 25 HOJR be executed within 24 hours after death. (Type or print) LLIAM 5 DATE OF BIRTH 6 AGE (In years MONTHS MALE 70 B RTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED | DIVORCED [ MONTGOMERY 10. CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USJAL OCCUPATION (Kingof work done give street address) during most of working life, even if retired) BETHESDA 130 USUAL RESIDENCE (Where deceased lived, 'f institution Residence before 13e STREET AND NUMBER 13c CITY OR TOWN 13d INSIDE CITY LIM TS7 edmission) STATE FLORID YES 🕎 miAmi 12555 So. WIXIE H removal, and in any 14. FATHER S NAME 15 MOTHER S MAIDEN NAME First M ddle Lost William Reardon Mary Mc Guire 160 WAS DECEASED EVER IN USCARMED FORCES? 36b. SOCIAL SECURITY NO 17 INFORMANT / O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the haspital or attending physician. 18 CAUSE OF DEATH (Enter only see cause per line for (a), (b) and (c))
PART I. DEATH WAS CAUSED BY
IMMEDIATE CAUSE (a) Infarcts, pulmonary with branchopneumonia DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) use to immediate cause (a), (b) Carcinoma, lung DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION 200 AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES K 21a. ACCIDENT WAS UNDERLYING 21b T ME OF INJURY 121c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Manth Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21F LOCATION Street or R.F.D. No. City or Town (ounty While Not while at wark 22a. I certify that (1) (this haspital) attended the deceased from Sugest, 1968, to 700 1/419 68, that (11) (we) last saw the deceased alive an 1960, and that in (my) (our) opinion death occurred an the date and have and from the causes stated abave, (11) (we) (did not) view the bady after death. O FUNERAL DIRECTOR: 22b SIGNATURE 22c DATE SIGNED DEGREE DITTENDING MED.
D RECTOR 22e. ADDRESS 8512 Old Georgetown Rd. 22d. PHYSICIAN'S NAME (Type) Bethesda, Maryland 230 BURIA., CREMATION
BENEVAL (Specify) 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) (County) 11-18-68 Holy Cross Miami. Florida 24 FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE PUMPHREY, Bethesda, Maryland VR A15 (4) 45M - 1, 69



23c. NAME OF CEMETERY OR CREMATORY

(County)

230 BURIAL, CREMATION,

REMOVAL (Specify) 24. FUNERAL DIRECTOR

23b. DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16220 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2a. DATE KNOWN I DECEASED NAME Month Yeor 2b HOJR (Type or Print) EST -DEATH MATED 2d HOJR 3 SEX 4 RACE 2c DATE PRONOUNCED DEAD 15 MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign DIVORCED F WIDOWED ID he Staff 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITA\_OR INSTITUTION (If not in hospita 12b KIND OF BUSINESS OR give street address) 3 130 USDA. RESIDENCE (Where deceased I ved, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY I 13e STREET AND NUMBER deoth. 136 COUNTY Mon14 mere in Item 18. YES NO 📑 ofter puo IS. MOTHER S MAIDEN NAME 14 FATHER'S NAME Middle pages hours 160 WAS DECEASED EVER IN L. S. ARMED FORCES 16b SOCIAL SECURITY NO 17 INFORMANT pencel Chevi, Chase DE (Yes, no. or unknown) File Cher Chese Ma .⊆ within CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) permit. BETWEEN ONSET AND DEATH Page 4 should be farwarded to the Chief Medical DEATH WAS CAUSED BY pending" Pulmonary edema Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if arry, which gove Calcific valvular disease, mitral 1215. use to immediate cause (a), This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .Ξ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) D removal. be used 19e. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? CERTIFICAT WAS PERFORMED? YES X NO 🗔 execute the certificate. 10 21a EXTERNAL CAUSE WAS 2.b. TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) may be retained for your files. FUNERAL DIRECTOR: Page 3 should HOUR A.M. PRIMARY OR CONTRIBUTING SICAL EXAMINER: crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. EOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE AT WORK AT WORK Inquiry X 22a. I certify that I taak charge of the remains described above, held an Autopsy 💢 Inspection 📆 and in my apinian the funeral director. Natural causes Suicide death resulted fram: Accident Hamic de Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER 5 may TO FUNER Health **EXAMINER'S** ADDRESS(Street, city, fawn, or county) Bethesda G Ball NAME (Type) John 23g BURIAL CREMATION. 73h DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) 11-12-68 Ft. Lincoln Cemetery Mt. Rainer Pr. Geo Md 7557 Wisconsin Ave 2So. REC D BY REG STRAR REG STRAR S SIGNATURE Pumphrey VR ATSME (5) Bethesda. Md 10M REV T/68



		MARYLAND STATE DEPARTMENT OF HEALTH
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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law bee	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The se se X	層	YES NO CAUSES OF DEATH?
Cate our vote deal		21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 at Part 2, Item 18.)  The process of Death Hour A.M. Month Day Year
priting and the second	MEDICAL	(If either, notify medical examiner) P.M. 19
PHYSICIAN: he haspital ar this certificate letached far a Dept. af Hea	Bil	21d INJURY OCCURRED While Not while of work office Building, ETC.  All INJURY OCCURRED Town County State  Office Building, ETC.
by t ffer be d	1	22a   certify that (1) (this haspital) attended the deceased from OCF , 19 66, to 1000, 19 68, that (1) (we) to sow the deceased grive on 2000, 19 00, and that in (my) (our) apinion death occurred on the date and hour and from the
END Sed Jild The S		sow the deceased give on 2007—1907, and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death.
ATT Stain St		22c DATE SIGNED .
OR ATTEN be retained DIRECTOR: ge 3 shauld	ı	DEGREE PHYS DIRECTOR D STAFF DIRECTOR D PHYS D 1/1/16/63
A P D D T		22d. PHYSICIAN'S NAME (Type) JUAN n. WY n BNOO- 22e. ADDRESS 7 201 OD RECLE PARTIES ALTERNACIO, UN.
O HOSPII Page 4 m O FUNER, director, shauld by	230	BURIA, CRÉMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
P. P	13	REMOVA (Specify) Nov 13, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md.
VR AISING.		FUNERAL DIRECTOR ADDRESS 250, REGISTRAR 250, REGISTRAR 5 SIGNATURE
30M REV 1/68	_	F. Gasch's Sons Hyattsville, Md. DATE NOV 1 8 1999 W





## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16233

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14 FATHER'S NA		Middle	Last		15 MOTHER'S A	MAIDEN NAME	First			Middle		Last	
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	SED EVER IN U.S. ARM	ED FORCES? If or dates of service)	166 SOCIAL SECURITY I	NO. 17	INFORMANT [	he Med	lical	. Rec	ord	Address		-	
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22a   ce	e <b>rtify</b> that 🗱 (thi	s haspital) atti	ended the decease	ed from_	Sept	17, 19	68,	ta_No	V. C	, 19	68_, that	(X) (w	e) last
		ive an <u>Nov</u> , <b>{()</b> (we) (did)	(đượng) view the	966, c bady afte	nd that in (): r death.	a)k) (aur) al	pinian d	leath ac	curred	an the do	ite and havr	and fra	m the
22b SIGNA	nome	sleen	MD	DE	GREE PHYS	ING	MED. DIRECTOR		STAFF PHYS		Novembe	r 19	968
22d. PHYSI											Nation		
MAME	(Type) Mich	ael B. M	osher, MD.		Ins	titute					esda, M	aryl	and
23a. BUR AL, (RI	EMATION, 23b. D	ATE	23c. NAME OF					LOCATION			(Caunty)	(State	1)
REMOVAL(	21 11	-12-68			vs Cem						aware		
24. FUNERAL DIE	RECTOR	17777777	ADDRESS Bethesda	3/0	A	2So REC'D	BY REGIS	TRAR	25b.	REGISTRARS	SIGNATURE		
ROBERT	A. PUME	HKEY,	setnesda	, Ma	ryrand	DATE IN U	IV I 4	1 13	99	Jua	relay long	Let	

VR A15 (4) 3DM REV. 1/68

TO FULLERAL DIRECTOR: After this matrificate llas lines signed by the attending physician and campletely filled in by Mestingraphic director, page 3 should be detached for use as the burnal-transit llermit. Then please remove carban papers. Pages word 2 should be filed with the State Dept. of Health prior to burnal, crematian, ar removol, and in any event, within 72 hours after death.

ate be executed within 24 haurs

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certi-

Page 4 may be retained by the haspital or attending physician.



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

1623

	15220				ERTI	FICATE OF	DEATH				10/	~ 0	रि	
	ECEASED-NAME	First		Middle		Last		2a. DATE C					2ь но	UR
'	Type or print)	Heler	1	Moore		RICHMON	D	Nov.	Month	Day	4 Ye	<sup>201</sup> 68	33	)A
3. S	EX		4. RACE			S. DATE OF E			6 AGE (In year	rs	IF UNDER 1		IF UNDER 24	
1	Female		Cauca	sian		Jan.	25, 189	97	lost buthday	YRS	MONTHS	DAYS	HOURS	MIN
7a,	BIRTHPLACE (State or f	oreign 7	b. CITIZEN OF WE	AT COUNTRY?	8. MARR	HED A NEVER MA	RRIEO	9. COUNTY O						
cau	<sup>ntry)</sup> Virginia		USA				ORCED 🗌	Mon	tgomery					N
1D.	CITY OR TOWN OF DEAT Bethesda	TH	give	ME OF HOSPITAL OR INS	pita	al	12a USUA during mg	usewii	N (Kind of work glife, even if ret	dane ired)	12b. KI INDUST		USINESS O	R
	USUAL RESIDENCE (WHISSIGN) STATE V1	rginia	l lived, if institut 186 COUNTY	na Residence before Fairfax	1	Y OR TOWN	13d. INSIDE CITY LIF		TREET AND NUME 410 Chai		ridg	e Ro	oad	
14.	_	irst	Middle	Last			MAIDEN NAME FI	ırst	Mic	ldle			Lost	
L	Sam	uel		Moore			Georgie					reve	_	
160	WAS DECEASED EVER		D FORCES? or dates of service)	16b. SOCIAL SECURITY N		17. INFORMANT		_			McLe			
L	Yes, Nor unknown)	fit let distant	G. GOIST OF 2014 KS	012-26-42	21	Capt. Pa	aul Ricl	hmond,	Jr., US	N, I				
Г				ne for (a), (b), and (c).	)						BE1	LPPROXIMATWEEN ONS	ET AND OEA	îH.
l	PART I. DEATH Y	WAS CAUSED IMMEDIAT	BY: E CAUSE (a)	Widespread	Met	astasis	from Ca	arcinor	na of Co	lon				
	1538			S A CONSEQUENCE OF										
	Canditions, if ony, w		(b)											
	rise to immediate a stating the underlyi		1-7	S A CONSEQUENCE OF										
	last.	)	(c)											
	PART 2 OTHER SIGNI	IFICANT COND	ITIONS CONTRIBU	TING TO DEATH BUT NO	)T RELATI	ED TO THE TERMIN	AL DISEASE ORG	ONDITION GIV	EN IN PART I(o)					
l <sub>×</sub>														
CERTIFICATION	19a. DATE OF OPERATION	ON 195. CO	INDITION FOR WH	ICH OPERATION WAS PET	RFORMED	1		CALLE	IF YES, WERE FIND	INGS CO	NSIDERED	) IN CER	TIFYING	
E						YES [	MO 🗆	CAUSI	ES OF DEATH?					
=	21g, ACCIDENT WAS		a.a. 111114 41	Month Day Year	21	c. HOW INJURY O	CCURRED (Enter	nature of inj	ury in Part 1 or I	art 2, 1t	em 18.)			
MEDICAL	(If either, notify med	icol exomine	r) P.M.	19										
E	21d INJURY OCCURR	ED 21e P	LACE OF INJURY	AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21	If LOCATION Stre	et or R.F.D. No.	Cet	y or Town		County		Sto	0
	at work of wark	$\Box$												
1	22a. I certify the	at <sup>2</sup> (I) (this	haspital) atte	ended the decease	ed from	Oct.	30, 19	<u>ර්ර්</u> , ta	Nov. 4	_, 19_8	58	that (	9 (we)	lo
ı	saw the de	ceased ali	ve an NOV.	(did hot) view the	У <u>. 68</u> .,	and that in (a	iaki (ant) abii	nian death	accurred an t	he dat	e and h	naur ai	n <b>d</b> tran	ı tl
	22b. SIGNATURE	eu anave,	(1) (we) (ulu)	tala morty view life	Judy ai	iei ueuiii.				22c D	ATE SIGN	ED		_
	ZZB. SIGNATORE	10	laan	111-0		OEGREE PHYS.	ING M	IED.	STAFF X		v. 4		968	
	22d. PHYSICIÁN'S		GIZ T	14-9	2,	22e. AD		IKLCIOK —	· (113,			, ,		_
	NAME (Type)D	L. C	MGAN, M	I. D.		1	Naval H	ospita	1. Bethe	sda	. Md			
23a	BURIAL, CREMATION,	23b. D/	NTE	23c. NAME OF	CEMETERY	OR CREMATORY			iON (City or Town		(County		(Stote)	-
	REMOVA. (Specify) Burial	11-	8-1968			Nation			, ,		1 .			
24.	FUNERAL DIRECTOR J	os. Ga	wler So				2Sa. REC D B	Y REGISTRAR	25b. REGIS	STRAR S S	IGNATUR	RE		
				.W. Washin	gtor	D. C.	DATE N	0V 12	1968	goly	orls	4 S.	udge	

VR A15 (4) 30M REV, 1/68

TO FUNERAL ■IRECTOR: After this certificate his bein signed by the attending physician fund compilitely filled in being director, page 3 shauld be detached far use as the burial-transit permit. Then please Remaye Carban papers. Pag shauld be filled with the State Dept. of Health priar ta burial, cremation, or remayal, and in any event, within 72 hours

death 2

after death.

within 24 hours

executed

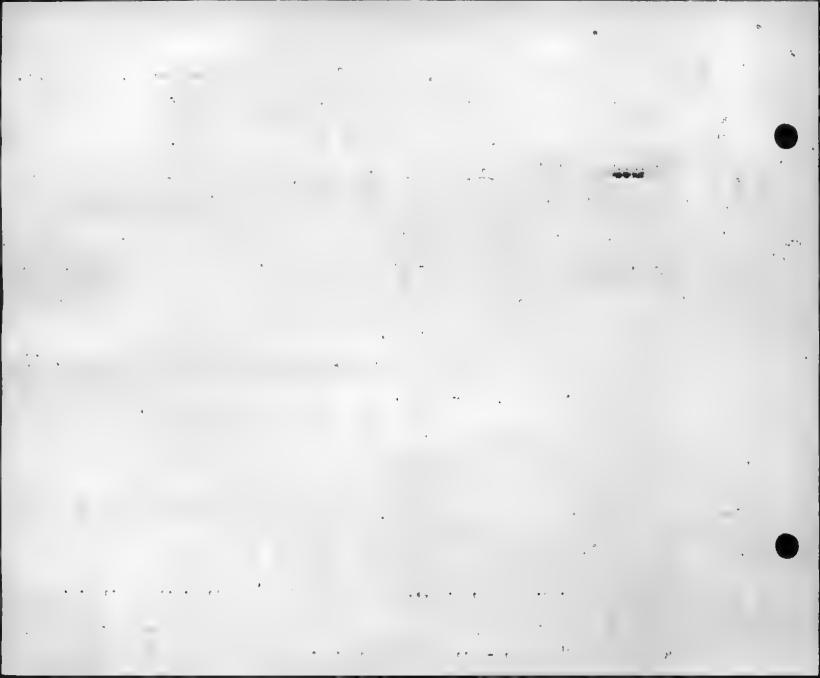
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital or attending physician.



Middle Last 20. DATE OF DEATH 2b HOUR DECEASED NAME First November (Type or print) WILLIAM ROBBERTS C. A.M S. DATE OF BIRTH IF L'HOER 3 SEX 4 RACE 6 AGE (In years lass prithday) MONTHS 4-12-1904 white male 9. COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) Iowa. United States WIDOWED DIVORCED [ Montgomery 10 CITY OR TOWN OF DEATH
Westmoreland Hills 12a USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 125 KIND OF BUSINESS OR 5105 Duvall Drive during most of working fe, even if refired )
Retired - salesman INDUSTRY automotive 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13 GB CHIOMO - AND INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b COUNTY Montgomery Hills odmission) STATE Taryland YES 🗔 5105 Duvall Drive 15 MOTHER S MAIDEN NAME First Middle 14 FATHER'S NAME First Middle last Last Robberts Harry E. Blanche Hopley 160 WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 37 INFORMANT Address Yes, no or unknown) (If yes give wer or dates of service) 578-01-4532 Donald P. Raynor, Son-in-law, same as 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) 2 hrs. DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) Emphysema. rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse CARCINGIAM ESCOLATUS PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 nertensive heart disease. 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? CAUSES OF DEATH? NO TSK YES 🗍 210. ACCIDENT WAS UNDERLYING 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from. ung 19/2/62, ta 11/3 19 6 8 , that (I) (ave) last \_\_\_19 ££, and that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an \_\_\_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR mn DEGREE PHYS 22th PHYSICIAN S 22e ADDRESS NAME (Type) 4301 - 48th St., N.W., Wash., D.C. S. A. Thomas, M. D. 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) 23a BURIAL, CREMATION, 23b. DATE (County) (Stote) REMOVAL (Specify) Columbia Gardens Cemetery. 11-8-1968 Arlington. Arlington **ADDRESS** 256. REGISTRAR'S SIGNATUR 24 FUNERAL DIRECTOR Joseph Gawler's Sons. Inc., Washington, D. C.

VR A15 (4) 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 10220 16222 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Last 2g. DATE OF DEATH 2b, HOUR (Type or print) bin/SON UGENE 3 SEX A RACE 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS YRS. within 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEAT 8. MARRIED X NEVER MARRIED country) WIDOWED T DIVORCED [ 120 USJAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR BeTHESDA-SI during most of working life, even if retired.) INDUSTRY 13a, USUAL RESIDENCE (Where deceased lived, if institution, Residence bediety is SCHYDICTOWNTT 3d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY YES [ NO F execu 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First ±ast UNKHOWN UNKNOWN ease requires that the death certificate 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, no. or unknown) [III yes give war or dates of service] signed by the attending physi bur ol-tronsit permit. Then pl burial, cremotion, or removal, Kobinsonia EUGENE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE Conditions, if ony, which gave) signed by the bur of-tronsit a rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF by the hospital or attending physician. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) FUNERAL DIRECTOR: After this certificate hos been be detached far use as the Stote Dept. of Health prior tal 19b, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g DATE OF OPERATION CAUSES OF DEATH? YES [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c HOW INJURY OCCURRED (Enter nature of miury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY) 21f LOCATION Street or R.F.D. No. 2 d INJURY OCCURRED County State City or Town While Nat while at wark 22a | certify that (I) (this haspital) attended the deceased from 1967, ta 700 21, 1968, that (i) (we) last saw the deceased give on 1967, and that in (my) (our) opinion death occurred on the date and hour and fram the TENDING couses stated abave, (1) (we) (did) (did nat) view the bady after death 22b SIGNATUR 22c DATE SIGNED TO HOSPITAL OR Page 4 moy be re **ATTENDING** MED DIRECTOR director, page 3 should be filed PHYS 22d. PHYSIC AN'S 22e ADDRESS NAME (Type) 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY (County) (State) 23a BURIAL, CREMATION 0 Harmony Memorial Park Maryland 4001 BenningRoad party 2 5 Stewart Funera Home





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gnd 2 death.

unera!

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 may be retained by the haspital at attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be director, page 3 should be detached for use as the burial transit permit. Prest please remove carban papers, should be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, within 72 hours.

VR A15 (4) 7 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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	CER	TI	Εſ	C	TE	ΩE	DEA	TH

18%	228	DIVISION OF VII		FICATE OF DEAT		MARYLAND 21201	1 12 1	. )
1 DECEASED-NAI (Type or prin		ey	Middle Lee	Rusk	2a DATI	E OF DEATH Month/Vov Day	y26 Yea68	6 OUT M
3 SEX Ma	ile	4 RACE White		Sept. 18,	1884	6 AGE (In years last birthday) YRS.		IF UNDER 24 HRS. HOURS MiN
country) Ui	rginia	75. CITIZEN OF WHAT C	WIDOV	TED   NEVER MARRIED   NEVER MA	Mont	gomery		Md
10. CITY OR TOV	ngton	gipe street	of Hospital OR INSTITUTION address ton Gerd	end dogs	ile Set			iusiness or ruction
		d lived, if institution; 13b. COUNTY	Residence befare 13c. CIT	ver Springss		e STREET AND NUMBER 308 LLAWOR	th Drie	re
14. FATHERS NA	John	Niddle Thomas	lost Rusk	15 MOTHER'S MAIDEN NA	Rosa		Van Sick	Nost NOVSKY
Yes, ng, or ur	ASED EVER IN U.S. ARME aknawn) (If yes give war	D FORCES?	SOCIAL SECURITY NO 5.78-01-6532A	17 INFORMANT Mrs. Deroth	y Landi	a=308 Ellsion	rth Dri	VE
18. CAUSI PART	E OF DEATH (Enter only 1. DEATH WAS CAUSED IMMEDIAT	one couse per line for BY. E CAUSE (a)	r (a), (b), and (c))	lerotie s	Coart	Levane		SET AND DEATH
	s, if any, which gave) mediate cause (a),	DUE TO, OR AS A	angest	ive leads	4 Au	lune	ME	9,
	e underlying couse	DUE TO, OR AS A	EONSEQUENCE OF	de not	Erio	albrone	HO	75 '
PART 2. 0	THER SIGNIFICANT COND	DITIONS CONTRIBUTING	TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE		· ·		
TIPICAL DATE			PERATION WAS PERFORMED			b. IF YES, WERE FINDINGS ( AUSES OF DEATH?	CONSIDERED IN CEI	RTIFYING
OR CONTE	DENT WAS UNDERLYING CAUSE OF DEATH realify medical examine	HOUR A.M. M	anth Day Year	c HOW INJURY OCCURRED	(Enter nature of	injury in Part 1 ar Port 2,	Item 18.)	
White at work	at wark		CE BUILDING, ETC /	f. LOCATION Street at R.F.I		City or Town	County	State
22a. <b>l c</b> sav	ertify that (I) (this the deceased ali- uses stated above;	haspital) attende ve an(I) (we) (did) (did	not) view the body af	and that in (my) (aur ter death.	19 <u>65</u> , ta ) apinian dea	th accurred on the do	ete and havr a	(I) (we) last and fram the
22b SIGNA		4 4-	Drollin	ATTENDING	MED. DIRECTOR	STAFF 22c	DATE/SIGNED	18-
22d. PHYS NAM	ICIAN'S ( E(Type) ALBE	RT H.	GROLL MAX	22e. ADDRESS 1106	SPRII	NG STREET	1 SILVE	ERS RIV.
230. BUR A., CR		ATE 19-1968		In Cemetery	p	CATION (City or Town) rince George	(County)	(State) Land
24 FUNERAL D Warner	_ 11_ 117000	rew Duvalley. Inc. ?	MADDRESS SILV	erSpr. Md. 250. RE Avenue DATE	CD BY REGISTRA	1968 REG STRARS	S SIGNATURE	ges .



## MARYLAND STATE DEPARTMENT OF HEALTH 997 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

16241

		ILIPAICUE	PAMILITARIA 2	CEIGHII I COVIE	AI PEULL					
	ECEASED-NAME	First	M ddle	Lost			onth Doy Year 20. HOUR			
,	Type or Print) 20hm	ı S	7.	St. Lawren	nce	OF ESTI-	1-25 19825M			
3 5	EX 4 RACE	S DATE OF BIRTH	6. AGE (In year	S IF UNDER 1 YEAR	F UNDER 24 HRS	2c DATE PRONOUNCED DEAL	D 2d. HOUR			
1	Male Whit	te Jan. 17,	1880 105 brillinday)	MONTIIS DAYS	HOURS MAN	Mogthy 29YE	5 Yeor 68 25M			
7a	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	UNTRY? 8 A	MARRIED NEVER MAR	RIED 9 CO	UNTY OF DEATH				
(OUr	ity) Ireland	USA	W	DONED 🔁 DIAON	RCED 🔲 🔥	Pontagueru	Md.			
10. (	ITY OR TOWN OF DEATH	11 NAME (	F HOSPITAL OR INSTITUTE	ON (if not in hospital	12a USUAL O	CCUPATION (Kind of work do				
15	ilver Spring	give street	oddress) Meadow Hi	11 01	dur an mosk of	of workings to even if retire	d) Real Estate			
13a	USUAL RES DENCE (Where o	deceased lived, if institution	Res dence before 13c. (I	TY OR TOWN 13d	INSIDE CITY EIMITS?	13e. STREET AND NUMBER	V			
٥	dmission) STATE Md.	13b. COUNTY MOV	rtaomery Si	W. Spring	YES NO	10715 Meadou	v Hill Road			
14, 1	FATHER-S NAME First	Middle	Lost	15. MOTHER'S MAID	EN NAME First		Lost			
	William	G.	t. Lawrence		Ann		(unknown)			
	WAS DECEASED EVER IN U.S. AR	RMED FORCES? 16b.	SOCIAL SECURITY NO.	17 INFORMANT		ADDRESS				
0	res, no, or unknown) (IF)	yes give war at dates of service)	8-01-7021	Mr. George	e 7. St.	Sammence So	Same as above			
	IR CAUSE OF DEATH (Ent	ter only one couse per line to		III.CA GEDANA	1		APPROXIMATE INTERVAL			
	PART 1 DEATH WAS (	CAUSED BY:	Cisto	ar in oi	se to	10. Ol	BETWEEN ONSET AND DEATH			
	4/29 IMMEDIATE CAUSE (a) CONSEQUENCE OF									
	Conditions, tony, which gove )									
	rise to immediate couse		CONSEQUENCE OF	<u> </u>		Cal Ave	~1.67.1.			
	stoting the underlying couse DUE TO, OK AS A CONSEQUENCE OF									
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	DEATH BUT NOT RELATE	D TO THE TERMINAL DIS	SEASE OR CONDITI	ON GIVEN IN PART 1(n)				
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)									
I N	190. DATE OF OPERATION	19b.	CONDITION FOR WHICH C	PERATION			20. AUTOPSY?			
19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?  21c EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Hern 1							YES TO NO PK			
							Card Card			
MEDICAL	PRIMARY OR CONTRIBUT	TING HOUR A.M.	19			, ,				
G.		21e, PLACE OF INJRY (At ho		21f LOCATION Street o	rRED No	City or Town	County Stote			
	WHILE MOT WHILE AT WORK	foctory, office building, etc	)							
		at I took charge of the re	mains described abt	we held an Autor	nev [ ]	spection X. Inquiry	ond in my con an			
	death resulted fra	, ,	~ / /	Suicide .	Hamicide 🗍		,			
	ACTUAL CHIEF MEDICAL EXAMINER CHIEF CHIEF MED									
	DEDITY MEDICAL EVALUATION AND A COLOR									
	NAME (Type) Belden R. Reap JAPONESSKITHER TO THE STATE OF									
230	BURIAL, CREMATION,	23b DATE	23c. NAME OF CEMETE		CACACA	LOCATION (City or Town)	(County) (State)			
	REMOVAL (Spec fy)	11/29/68	St. Lawre	ince Cerete		Sayville,				
24.	FUNERAL GIREGOR CE	luke	4 ADDRESS		25o. REC'D BY RE		AR S SIGNATURE			
1110	Augh & Dunn	Jun 040 8113			DATE NOV	0.00	lionly Judge			

VR A15ME (5)

5 may be retained far your files. the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiners(Office plang with farm

Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

This certificate should be executed within 24 hours after death

in pencil in them To

necessary, please execute the certificate, writing the word "pending"

SICAL EXAMINER:

TO DEPUTY





	. Ta	tems 6 & 16 FilmGho6 MARYLAND STATE DEPARTMENT OF HEALTH	
1		17 / 13 /68 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARTLAND 21201 1 5 2 2 4	
•	ľ	18230 CERTIFICATE OF DEATH	
and 2 death.		CCLIVE HOUSE	b HOUR
	U	FANNIE - SCHWARTZ 1 1 - 5 68 1	JAM
	3. SE		DER 24 HRS
	E	Female White 11-20-87 80610 YRS	
		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
	(00)	Hm. Ost. 16.3,14, WIDOWED DIVORCED Montgomery	Md
	10. C	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of working life, even if retired.)  12a USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.)  1NDUSTRY	ESS OR
	2	Julyer Spring and Holy Cross Hospital	
	13g.	USUAL RESIDENCE (Where deceased leved, if institution: Residence before 13c CITY OR TOWN 13d, MS DE CITY CHAITS? 13e STREET AND NUMBER 11st Institution: Residence before 13c CITY OR TOWN 13d, MS DE CITY CHAITS? 13e STREET AND NUMBER 11st Institution: Residence before 13c CITY OR TOWN 13d, MS DE CITY CHAITS? 13e STREET AND NUMBER 11st Institution: Residence before 13c CITY OR TOWN 13d, MS DE CITY CHAITS? 13e STREET AND NUMBER 13c CITY CHAITS? 13c CI	
~	<u></u>	10 ic i   174,177   4 - 1743 01: 972.,101	
	14. 1	FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Lo	st
	L	SAMUEL SMITH LOUSTA	
	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, of unknown) (If yes give war or dates of service)  170 60 2817 T. T. T. INFORMANT	
		Yes, no, of unknown) (11 yes give war or eares at service) 578-62-2817-J-JHOSPITAL	TERVAL
		18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I. DEATH WAS CAUSED BY:	ID DEATH
		IMMEDIATE CAUSE (a) G - L D-CCC-den	1
		DUE TO, OR AS A CONSEQUENCE OF	
		Conditions, if dny, which gove ) rise to immediate cause (a), (b)	
		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a).	
		And the market of the land during the	
	TION	190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b 1F YES, WERE FINDINGS CONSIDERED IN CERTIFY	/ING
44	CERTIFICATION	YES NO KY CAUSES OF DEATH?	
1			
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH  (If either, notify medical examiner)  P.M. 19	
	MED		State
		ting of mark	
		22a. I certify that (I) (this haspital) attended the deceased from Sept., 1968, to How, 1968, that (I) sow the deceased clive on 1968, and that in (my) (our) opinion death occurred on the date and hour and couses stated above, (I) (we) (did) (and not) view the body after death.	(we) las
	П	sow the deceased alive on	from the
		couses stated obave, (1) (we) (did) (and first) view the body after deoth.  226 DATE SIGNED	
		226 SIGNATURE ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	
	П	22d. PHYSICIAN'S 22e. ADDRESS	
1		NAME (Type) K. T. Benack MD 4115 Cdie DR. Wheaton:	rend
,	230		tote)
0	230.	_REMOVAL (Specify)	
20	> 24	ADDRESS (11 C 250 REC D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
	1	C. DE Job- DE Tot Fine of Home Mark & DATE NOV 8 1968 Charles Judge	K
	A Contract		



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15231 CERTIFICATE OF DEATH Middle 20 DATE OF DEATH DECEASED NAME First 2b HOUR (Type or print) Samuel Joseph Scicchitano 3 SEX 4. RACE S DATE OF BIRTH 6 AGE (in years IF LINDER YEAR lost birthdoy) Male Canc. June 9. 1908 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED rountry)penna. Montgomeru U.S.A. WIDOWED | DIVORCED | 120 USUAL OCCUPATION (Kind of work done 10\_CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR Silver Spring give street oddress) Holy Cross Hospital Balleshante, even if retired) 13a USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c (ITY OR TOWN odmission) STATE Maryland 13b. COUNTY Montg. Silver St 13e, STREET AND NUMBER Silver Springs & NO [ 1905 Brisbane St. 15. MOTHER'S MAIDEN NAME First 14. FATHER S NAME Lost Albert Scicchitano Adeline Saro 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 17 INFORMANT Mrs. Sophia Scicchitano Silver Spring, Md. Yes, go or unknown) (If yes give war or dates of service) 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I. DEATH WAS CAUSED BY: 2-3 HRS OCCLUSION , ACUTE IMMEDIATE CAUSE (0) CORONARY ARTERY DUE TO, OR AS A CONSEQUENCE OF ATHEROSCLEROSIS CORON ARY Conditions, if any, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OFstating the underlying couses OBESITY, MARKED EXOGENOUS CHRONIC PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO CONGBTIVE HEART PAILURE DUE EDEMA AEUTE 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO TH 2 To. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from JAN 16, 1962, ta NOV. 13, 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abay (1) (we) (did) (did nat) view the bady after death. oberts M.D. 22c DATE SIGNED 22b SIGNATURE ATTENDING MED. DIRECTOR NOV. 13, 1968 PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) James A. Roberts 8907 Georgia Ave. Silver Spring. Md. 23d LOCATION (City or Town) 23b DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, ARMOVAL (Specify) 11-16-68 Parklawn Cemetery Rockville, Maryland 2So. REC'D BY REGISTRAR PUNERAL DIRECTOR VR A15 (4) Pumphrey, Inc. Silver Spring, Md. ythanks Judgan 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle Last 20. DATE OF DEATH death 2b HOUR ecuted within 24 haurs after death uneral 1 and (Type or print) Month orrest 3. SEX 4 RACE 6 AGE (In years E LINDER I YEAR E . NOER 24 HRS lost outhous 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED NEVER MARRIED (Viting) COVINSTON KY WIDOWED [77] DIVORCED [ Montgomer 120. USUAL OCCUPATION (Kind work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 130 USLA, RESIDENCE (Where deceased rived, if institution Residence before 13c. CIVI OR TOWN 13d Odmission) STATE Alabama 13b (OUNTY) Totomac V during most of working life, even it retired ) 13d INSIDE CITY & M. TS? 13e STREET AND NUMBER 13b (OUNTY Madison Huntsville W -remove NO. 36 Lakewood Road, N.W. 4 FATHER'S NAME IS MOTHER S MAIDEN NAME First Middle Lost and in The law requires that the death certificate be William Not Known Seaman 160. WAS DECEASED EVER IN L.S. ARMED FORCES? 166 SOCIAL SECURITY NO 5108 Flanders Avenue 17 INFORMANT (\*\* yes gave wor or doles of service) Yes, no, ar unknown) physi Helen F. Poe, Kensington, Marylan ar remova signed by the attending phy burial-transit permit. Then burial, crematian, ar remova 18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c)) BETWEEN DASET AND DEATH PART I DEATH WAS CAUSED BY TO WINDOWS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) nse to immediate cause (o), DUE TO, OR AS A CONSPONENCE OF stating the underlying couse PART 2 OTHER SIGNERANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO, THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) has been suse as the builth prior to be be retained by the haspital ar attending 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use Health p YES this certificate 2 a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year Ð (If either, natify medical examiner) P.M. with the State Dept. 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY, )
OFFICE BUILDING, ETC. 21f LOCATION Street or R.F.D. No. City of Town County State While Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an (1) (3) 19 (2), at 19 68, and that in (my) (our) opinion death accurred on the date and haur and from the saw the deceased alive an. causes stated above, (1) (we) (d.d.) (d.d nat) view the bady after death 206 SIGNATURE 22c DATE/SIGNED director, page 3 shauld be filed v DEGREE DIRECTOR 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) EDMINSTEX Barton J. Gerhen, M.D. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23a BUR, AL, CREMATION 23d LOCATION (City or Town) (County) REMOVA. (Specify)
Burlal Forest Lawn Cemetery Erlanger, Boone, Kentuck 7557 ADRESCONSIN AVE 250 RECD BY REGISTRAR 256 REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 45M 1/69 PUMPHREY, Bethesda, Marylandy NOV 45M



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Joseph M ddle 2a. DATE OF DEATH 2b. HOUR law requires that the death certificate be executed within 24 hours after death (Type or print) Month 2 4 RACE 1F UNOER I YEAR SEX 6. AGE (In years IF UNDER 24 HRS. CAYS last birthday) MONTHS 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [TT DIVORCEDIZA 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 125 KIND OF BUSINESS OR give street address) during mast af wark ng life, even if refired) INDUSTRY C signed by the attending physician and campletely burial-transit permit. Then please remave carbar event, 13a USUAL RESIDENCE (Where deceased lived, if institut on Residence before 13d. INSIDE CITY LIMITS? 136. STREET AND NUMBER admission) STATE 13b. COUNTY. and in any 14 FATHER'S NAME M.ddle Lost IS MOTHER'S MAIDEN NAME First eet 16a. WAS DECEASED EVER IN U.S. ARMED FORCES?
Yes, no or unknown) (It yes give war or dates of service) 16b SOCIAL SECURITY NO. 17 INFORMANT /11- 1 1 -Address Yes, no or unknown) ar remayal, APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c).) BETWEEN ONSET AND DEAT PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) crematian, Conditions, if any, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF physician. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) far use as the l f Health prior ta b attending O FUNERAL DIRECTOR: After this certificate has been 9g. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CALSES OF DEATH? YES [ of Health be retained by the hospital ar 210 ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 216 TIME OF INSURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. be detached 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street or R.F.D. No 21d INJURY OCCURRED City or Town County State While Not white at work 22a. I certify that (1) (this hospital) aftended the deceased from Mus. saw the deceased alive an nor 2 1965, and that in (my) ( opinion death accurred on the date and hour and fram the 3 shauld with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATUR 22 DATE SIGNED director, page 3 shauld be filed v DIRECTOR 22d. PHYSICIAN'S NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Coreteru REGISTRAR'S SIGNATUR 250 REC D BY REGISTRAR 2Sb. VR A15 (4) 30M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



VR A15ME (5) 10M REV. 1/68

. C. Wilte Barnesville, ma

DATE DEC 2

1968 ACLIANTES SIGNATURE



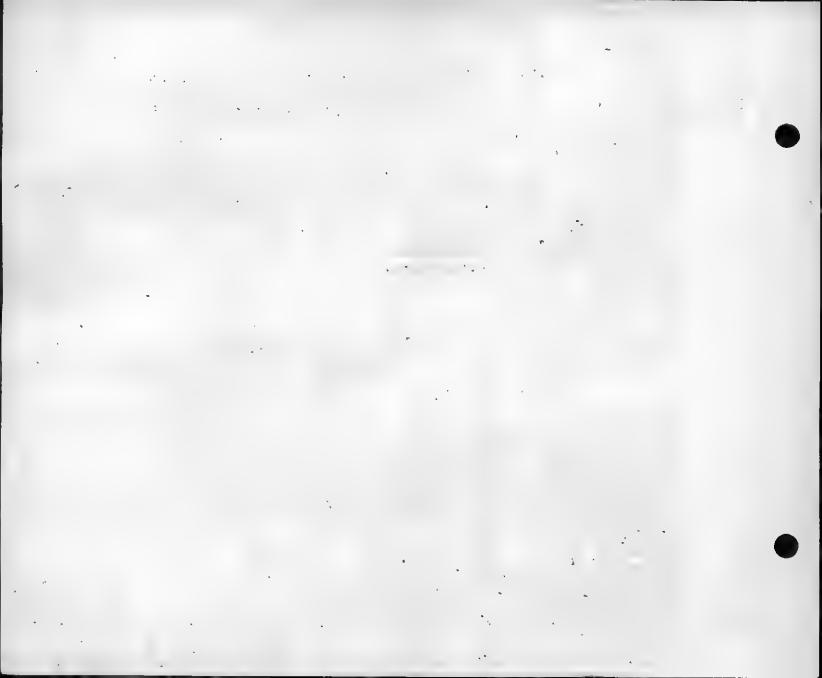
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16249 CERTIFICATE OF DEATH 20 DATE OF DEATH DECEASED-NAME Middle 2b HOUR 4 death. requires that the death certificate be executed within 24 haurs after death funeral 1 and Month (Type or print) 6:15 N IF UNDER 1 YEAR IF LINDER 24 HRS 6. AGE (In years last birthaay) emale 9 COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign 8. MARRIED 🦳 NEVER MARRIED 🗀 WIDOWED DIVORCED [ physician and completely filled 500 12o. USUAL OCCUPATION 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 25. KIND OF BUSINESS OF within INDUSTRY give street address) during most of working life, even if retired ) please remove carban 13d HISTOR CITY LIM 152 13e STREET AN lakoma own home Washington 130 LSUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13e STREET AND NUMBER YES ! Silvers NO [ Marilland Kowland in any 15 MOTHER'S MAIDEN NAME First Middle 14 FATHER'S NAME First Middle Beramann Dorothy and 16b. SOCIAL SECURITY NO. 17 INFORMANT Address 14615 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) ( yes give war or dates of service) velyn ar remaval 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) crematian, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) burial-transit rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF signed by stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1601 as the O FUNERAL DIRECTOR: After this certificate has been 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 27c, HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY ₫ HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Dov P.M. (If either, notify medical examiner) detached 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while at work at work 22a. I certify that (1) (this haspital) attended the deceased from 1000 saw the deceased alive an 1000 (7) 1900 and that 1968 and that in (my) (our) apinian death accurred an the date and hauf and fram the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING STAFF PHYS DEGREE PHYS. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) W.W. Eastman 831 University 23d LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL, CREMATION, Butial (Specify) Port Lincoln Cemetery Bladensburg Nov. 18.1968 250 REC'D BY REGISTRAR 68 24 FUNERAL DIRECTOR /M VR A15 (4) 30M REV, 1/68 Pumphrey Inc. 8434 Ga. Aue.



MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1025 CERTIFICATE OF DEATH Middle 20. DATE OF DEATH 2b. HOJR DECEASED-NAME . M Yeor (Type or print) Doy DUCMBET 3. SEX 4. RACE 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost birthday) requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED physician and completely filled in DIVORCED [ WIDOWED I 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Brocke Grove during most of working 'fe, even if retired.) remove carbon event, 1 130. USUAL RESIDENCE (Where deceosed lived, if institution Residence before odmission) STATE (1) 13b COUNTY (2) 13c. CITY OR TOWN 13d INSIDE CODY LAMITS? 13e STREET AND NUMBER burial, cremotion, or remaval, and in ony 14 FATHER'S NAME Middle Rhavi 160. WAS DECEASED EVER IN ... S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) signed by the ottending phy burial-transit permit. Then 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave ) rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION tor use as the l f Health prior to b has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES [ NO I O FUNERAL DIRECTOR: After this certificate be retained by the hospital or 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) TOR CONTRIBLTING TO CAUSE OF DEATH HOUR A.M. Month Doy Year director, page 3 should be detached thould be filed with the State Dept. of (If either, notify medical examiner) P.M. AT HOME FARM, STREET, FACTORY, 1 21f. LOCATION 21d INJURY OCCURRED Street or R.F.D. No. 21e PLACE OF INJURY City or Town County Stote White Not while of work 22a. I certify that/(1) (this haspital) attended the deceased from 12128 1965, to and that in (my) (aur) apinian death accurred on the date and haur and from the saw the deceased alive an. squses stated abave, (1) (we) (did) (did, not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS. 22e ADDRESS Page 4 moy PHYSICIAN S NAME (Type) 23d LOCATION (City or Town) BURIAL, CREMATION, REMOVAL (Specify) FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 WASHING YOU



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME M ddle First Lost 20 DATE KNOWN (Type or Print) ESTI Bushnell Mar ģ 1968 DEATH MATED Y Department 3 SEX 6. AGE ( n years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 4 RACE IS DATE OF BIRTH 2d HOUR 2, and PM3. last birthday) W -6 YRS 7a BIRTHPLACE (State or fareign 75 CT-7FN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED Montgonner WIDOWED RC DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mastyff working life, even if retired.) INDUSTRY e5012 Gua 13d INSIDE CITY LIMITS? 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Leland YES X NO and 2 in Item after First Middle IS. MOTHER'S MAIDEN NAME 14. FATHER'S NAME Lost Middle UNKNOWN 13ushnel ( > e 0 f Examiner's pages haurs pencil 16b. SOCIAL SECURITY NO. 17 INFORMANT -**ADDRESS** (Yes, na. or Unknown) Bushnell-Smith. Romemont Sen. UNKNOWN Fle 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) BETWEEN ONSET AND DEATH shauld be farwarded to the Chief Medical PART I DEATH WAS CAUSED BY Insusficency Sudden IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Cardio Vascular Disease-Conditions, if only, which gove 46215 rise to immediate couse (a). This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 1(a) D be msell 190. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO DO 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18) 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year HOUR A.M. PRIMARY OR CONTRIBUTING ಕ CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) may be retained far yaur FUNERAL DIRECTOR: Page AT WORK AT WORK bur al, Inspection 📆 Inquiry X. and in my ap n an Natural causes 🔽 death resulted from: Accident . Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 226 DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 102.26,1968 DEPUTY MEDICAL EXAMINER 5 may 10 FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city town, ar county) 230 BURIAL, CREMATION, 23c ANAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) EMOVAL (Specify) FUNERAL DIRECTOR 250 REC D BY REG STRAR 25b. REGISTRAR'S SIGNATURE VR ATSME (5) DATE NOV PRIA HUE. NWI



## FOR STATE HEALTH DEPT. any delay is 5 may be retained far your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of ve Pages 1, g w th farm er deoth hours after death DICAL EXAMINER: This certificate should be executed within 24 necessary, please execute the certificate, writing the ward "pending in pencil in the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Health prior to burial, cremation, ar remayal, and in any event within 72

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EVAMINED'S CEDTIFICATE OF DEATH

10250

	1623	9	MEDIC	AL EXAM	MINER'S	CERTIF	ICATE	OF DE	ATH	DAILD 21201	1020	O
	FASED-NAME	First		M de	dle		Lost	-		2a DATE KNOWN Month	Day Yes	or 26 HOUR
{I <sub>Y</sub>	pe or Print)	Daniel	J	oseph	Sou	za				DEATH MATED 11	13 19	9 68 83 M
3 SE)	Male	4. RACE	5 DATE OF BIR 4/28/		6. AGE (In year ast buthday)	MONTHS	DER I YEAR DAYS	IF UNDER :	M N	2c. DATE PRONOUNCED DEAD Month 11 Doy 1	3 Year 19	68 8:30 HOUR
	RTHPLACE (Stat		CITIZEN OF WH	AT COUNTRY?	1	AARRIED 🔀	NEVER MA	RRIED 🗍	4 COU	INTY OF DEATH		
countr	y)Calif	ornia	U.S.A		W	DOWED	] D8V0	RCED 🗀		Montgomery		Md.
10 CITY OR TOWN OF DEATH Olney  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital of Sun of Control of Stand of Control of Control of Control of Stand of Control												
30 t	JSUAL RESIDEN	(E (Where decease Maryland	d lived, if institu	tion: Residence	before 13c Cl	TY OR TOW	N 3	d. INSIDE CITY ,		130 STREET AND NUMBER 1630 Briggs C	-	
14 FA	THERS NAME Antho	First DOS	Middle SCPh	Souza	Last	IS MOT	THER S MAI	DEN NAME	First	Middle unknow	11	Lost
16a. W (Ye	AS DECEASED E	VER IN U.S. ARMED FO	ORCES?	166. SOCIAL SEC 560-27		17 INFOR	MANT X		XXXXX	abel J. ABBUza	1630 B	riagsæ
DICAL CERTIFICATION	PART 1 II  Canditians, if or rise to Immerstoring the unlost.  PART 2 OTHER  7	OFY, which gave hate cause (a), derlying cause significant conditions of the control of the contribution o	BY E CAUSE (a)  DUE TO, OR  (b)  DUE TO, OR  (c)  TONS CONTRIBUTI  21b TIME OF HOUR A.)  P.  ACE OF INJURY (7)  ory, office building	AS A CONSEQUING TO DEATH BE SHOULD HAVE BEEN BUILDING TO DEATH BE SHOULD HAVE BEEN BUILDING TO BE SHOULD HAVE BUILDING TO BUILDING TO BE SHOULD HAVE BUILDING TO BUILDING TO BUILDING TO BUILDING TO BUILDING THE BUILDING TO BUILDING TO BUILDING TO BUILDING THE BUILDING THE BUILDING TO BUILDING THE BUI	ENCE OF ENCE OF ENCE OF  FOR WHICH CORMED?  Doy, Year  19  street,	21c HOW	INJURY OCION Street	CURRED (En	ter natu	ON GIVEN IN PART I (o)  Or of Injury in Part 1 or Part 2, 1  City or Town  Spection , Inquiry Undetermined monner	20 AUT YES Tern IB.) County	1.0
	ACTUAL SIGNATURE CHEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDIC											
Bu Bu Wa	BURIAL, CREMA RENOVAL (Spec LACE) DERMEDIRECT	ify)	18–1968 Len Car		AME OF CEMETE Lington ADDRESSSI Ma. Ave	Nati L.Spr		25a RECE	23d	LOCATION (City or Town)  Arlington 1		(State)
											T COLLEGE	•

VR A15ME (5) 10M REV 1/68

TO DEPUTY



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH and 2 death. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 25. HOUR completely filled in by the funeral ove carban papers. Pages I and y event, within 72 haurs after deat (Type or pont) executed within 24 haurs after deal RALPH STERLING Nov. 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF HNDER 24 HRS last b rthoay) CAUC. MALE August 10. 1908 7a, BIRTHPLACE (State or fare an 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED K NEVER MARRIED country) New York U.S.A. WIDOWED [77] DIVORCED [77] Montgomery 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 7819 Glenbrook Road during most of working life, even fretired)
Bank Executive Banking Bethesda 130 USLA, RESIDENCE (Where deceased fived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY LIMITS? 13e STREET AND NUMBER Maryland Montgomery 10Ve Bethesda YESY NO 7819 Glenbrook Road 14. FATHER'S NAME First M.ddle Lost IS MOTHER'S MA DEN NAME First Middle and in Golaschmidt Sterling Florence Joseph 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 7819 (Menbrook Road. aw requires that the death certificate Yes, po, ar unknown) 082-10-1789 Mrs. Helen S. Sterling, Bethesda, Md. ar remayal, 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH PANCREAS WITH METASTASES HOENO CARCINOMA. IMMEDIATE CAUSE (o) MO. burial, crematian, DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) burial-transit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE OR CONDITION GIVEN IN PART 160 prior to MELLITUS Page 4 may be retained by the haspital or attending O FUNERAL DIRECTOR: After this certificate has been far use as the ) IAPETES CHRONIC 190 DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IE YES, WERE FINDINGS CONSIDERED IN CERTIFYING CALISES OF DEATH? PANCREAS PRENO CARCINOMA NO A YES 🔲 210 ACCIDENT WAS UNDERLYING 71b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) director, page 3 should be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME FARM STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while ot work 22a. 1 certify that (I) (this-hespital) attended the deceased fram JAN, 1967, to Nov 18, 1968, that (I) (we) last saw the deceased alive an Nov 16, 1968, and that in (my) (eur) apinian death accurred an the date and have and fram the causes stated above, (1) (we) (did) (dia not) view the bady after death. 22b. SIGNATURE 22c DATE 5 GNED ATTENDING MED DIRECTOR 11-18-68 DEGREE 22d PHYSICIAN'S 8218 Wisconsin Ave. 22e. ADDRESS CURTIS NAME (Type) LEO M. Bethesda, Maryland 23h DATE 23c NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION 23d LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) 11 - 21 - 68Gedar Hill Crematory Suitland, Pr. Gremation 7557 WTSconsin Ave 250 RECD BY REGISTRAR PLIMPHREY, Bethesda, Marylandout WDV2266 24. FUNERAL DIRECTOR VR A15



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16255 CERTIFICATE OF DEATH DECEASED NAME Lost 2a DATE OF DEATH First Middle 2b HOUR (Type or print) Month , C Doy 15 CYCU 03 Nort O M QVIOM F JHDER 24 HRS 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR lost birthday HOURS 8 80 hours within 24 hours 7c BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH and completely filled in by 8. MARRIED 🗀 NEVER MARRIED 🗂 country) WIDOWED Montgomeru DIVORCED [ Illinois 12a USUAL OCCUPATION (Kind of work done event, within 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (of not in hospital 12b KIND OF BUSINESS OR give street oddress) during most of work no life, even if retired ) INDUSTRY carban Silver Spring Nursing Home House Mother MUNO 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE Md 13b. COUNTY Monta 13e STREET AND NUMBER 13b. COUNTY Monta. L. Sor. 8324 Draper Lane YES PX signed by the ottending physician and contract the please rearge burial-transit permit. Then please rearge burial, cremation, or removol, and in any 14 FATHER S NAME Middle Lost IS MOTHER'S MAIDEN NAME First John Leonard Bacon requires that the deoth certificate be 16b SOCIAL SECURITY NO 17. INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) (If yes give wor or dates of service) 577-30-7877 Marie Steward 8324 Draper Lane 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c),) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o), anten DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) pe detoched for use os the State Dept. of Heolth prior to has been CERTIFICATION 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO S this certificote 21g ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of miury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 1, 19 6, to 11 1, 4, 19 6, that (I) (we) last saw the deceased alive an 11, 13, 19 6, and that in (my) (our) opinion death occurred on the date and hour and from the O FUNERAL DIRECTOR: After , poge 3 should be filed with the causes stoted obove, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED DIRECTOR DEGREE PHYSICIAN'S 22e. ADDRESS O HOSPITAL NAME (Type) director, p should be 23d. LOCATION (City or Town) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23o. BURIAL, CREMATION, 11-18-1968 Rock Creek Cemetery Washington, ADDRESS Sil. Spr. Md. 877 REC'2 BOREGISTAR 25b., REG-STRAR'S SIGNATURE VR A15 (4) 30M REV. 1/68 Pumphrey. Inc. 8434 Georgia Avenue



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16256 16242 CERTIFICATE OF DEATH 1. DECEASED-NAME M.ddle First Last 2g DATE OF DEATH 2b. HOUR (Type or print) 3 SEX 4. RACE 6 AGE (In years IF UNDER 1 YEAR last birthday) low requires that the death certificate be executed within 24 hours 7a BIRTHPLACE (State ar foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED country) Montgomeru WIDOWED K DIVORCED [ Penna. 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR working life, even if retired.) Own Home Silver Spring Hospital 30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY JUNITS? odmissian) STATE 136 COUNTY Montgomery Spr. 13209 Betty Lane 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Last (Unknown) Hilton Amelia (Unknown) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give wor or dates of service) Yest no, ar unknown) Wesley Stewart 812 Hobbs Drive, Sil. Spr. Md signed by the ottending phy burial-tronsit permit. Then 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) /\_\_ BETWEEN ORSET AND DEATH PART | DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditions, if only, which gave ) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 moy be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been as the 190. DATE OF OPERATION 196, CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO 🔀 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) TO OR CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Dov Year (If either, natify medical exominer) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY / AT HOME, FARM, STREET FACTORY, 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspitol) attended the deceased from 19 , 19 , 19 , 19 , 19 , 19 , 19 (, , that (I) (we) last saw the deceased alive on 1/2 on 19 65, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated above, (1) (we) (did) (did nat) view the body after death. 22b. SIGNATUR 22c DATE/SIGNED MED. DIRECTOR DEGREE director, poge Should be filed 22d. PHYSICIAN'S 22e ADDRESS 10111 Colesville Road, Sil. Spr. Md. NAME (Type) 23b. DATE 23d LOCATION (City or Town) 230 BURIAL, CREMAT ON, 23c NAME OF CEMETERY OR CREMATORY (County) Colesville Cemetery Colesville Montg. Maryland ADDRESS Sil-Spr. Md. 250. REPRY REGISTRAR 10000 REGISTRAR SIGNATURE Glen Carter Pumphrey. Inc. 8434 Georgia Avenue



**ADDRESS** 

Laytonsville, Md.

Brookeville

1968

25g REC'D BY REGISTRAR

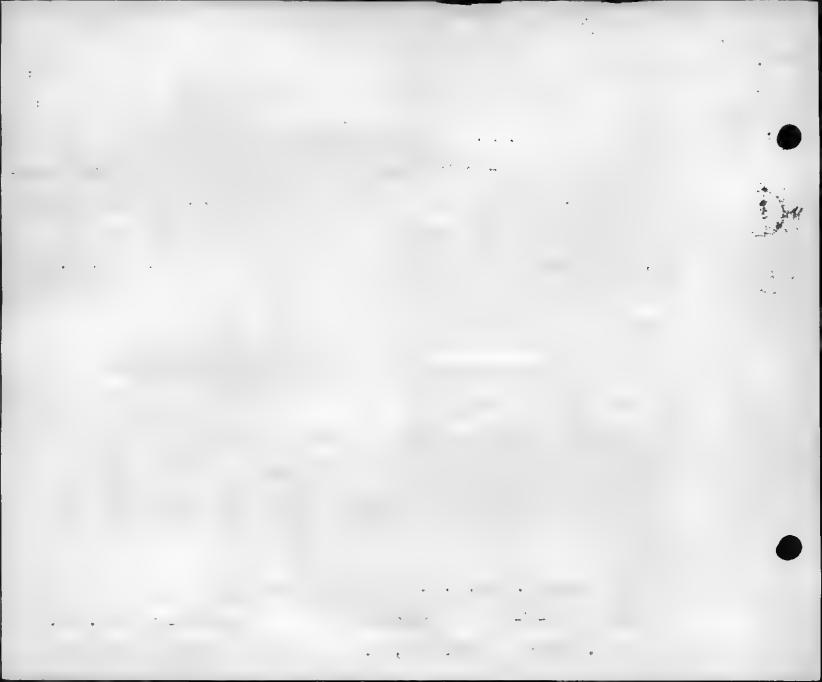
Mont.

25h REGISTRAR'S SIGNATURE Marla

Md.

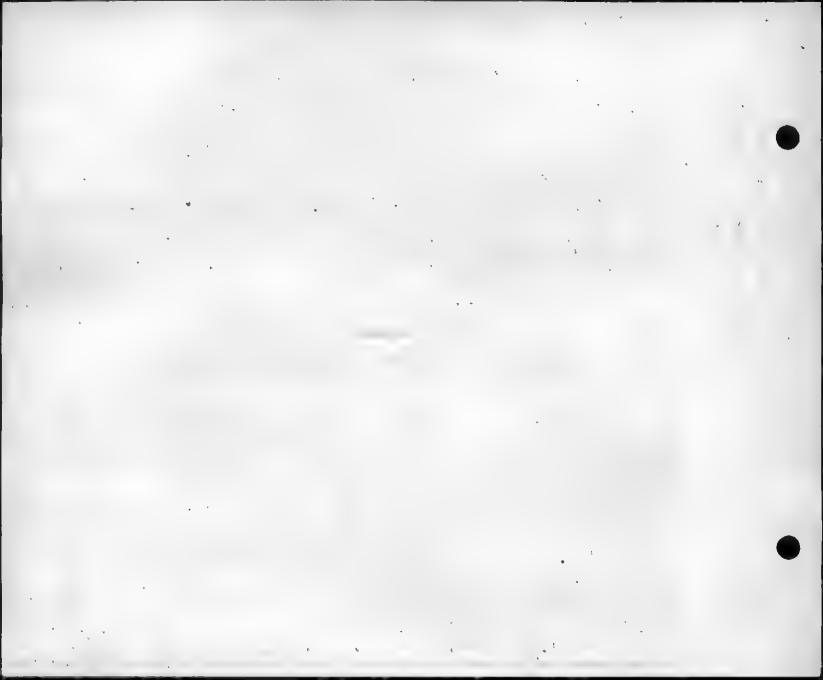
VR A15ME (5) 10M REV 1/68 24 FUNERAL DIRECTOR

Francis H. Barber



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1625a CERTIFICATE OF DEATH DECEASED NAME First Middle Lost 20. DATE OF DEATH within 24 hours after death. (Type or print) SUMILERS 4 RACE S DATE OF BIRTH 3 SEX 6. AGE (in years IF LINDER 1 YEAR IF UNDER 24 HRS iast birthday) burial-transit permit. Then please remave carbon papers. Pages burial, crematian, or remaval, and in any event, within 72 hours af MARCH 70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY 9. COUNTY OF DEATH 8. MARRIED MEVER MARRIED filled in 1 country) DIVORCED . WIDOWED DX 10 CITY OR TOWN OF DEATH NAME OF HOSP-TAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even 'f retired') completely 13o. LSUAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmiss on) KOCK 14 FATHER'S NAME masi by the attending physicial ransit permit. Then please 160 WAS DECEASED EVER IN L.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address (If yes give war or dates of service) Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) aw requires that the death signed by the burial-transit p Conditions, if ony, which gove ) rise to mimed ofe couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION attending O INNEXAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🗔 Page 4 may be retained by the haspital ar 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY ( AT HOME FARM, STREET, FACTORY, ) 21f LOCATION Street of R.F.D. No. City or Town County Stote OFFICE BUILDING, ETC While Not while at work at work 22a. I certify that (1) (this haspital) attended the deceased from 1000 2, 19 65, to LUCZ \_19 & fand that in (my) (aur) apinian death accurred an the date and haur and from the saw the deceased alive an\_ director, page 3 shauld shauld be filed with the causes stated above, (I) (we) (did) (did not) view the body after death 29h SIGNATURE 22c DATE SIGNED PHYS DIRECTOR PHYS PHYSICIAN S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY
Parklawn Cemetery 230. BURIAL, CREMATION 23d LOCAT ON (City or Town) (Stote) (County) 11-13-68 Rockville Mont. Md 7557 Wirsconsin Ave Bethesda, Md 24. FUNERAL DIRECTOR 2Sb. REGISTRAR S SIGNATURE 2So REC'D BY REGISTRAR VR A15 (4) Robert Pumphrey 30M REV





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

103.11

CERTIFICATE OF DEATH

	EASED-NAME	First		Middle		Lost	20	D. DATE OF DEATH	2b. HOU	JR
(Тур	e or print)	LER	nm A	4.	_ 5/	UEE	7	Month D	10y- Year 600	Pu
B cru		1-611						// /,		14
3. SEX		1 -	4 RACE	1 ~,	2	DATE OF BIRTH		6. AGE (In years	1F UNDER 1 YEAR IF UNDER 24 H MONTHS DAYS HOURS N	MRS MIN
1 /	em4	16	1 W1	ite		0-3	31-13	lost birthdoyl 5 5 YRS	1	MIN
7- DID	THPLACE (Stote	as farmer T	75. CITIZEN OF WH	AT COUNTRYS TA			In co	OUNTY OF DEATH		
countr	VI )	OI IOIRIGII			MARRIED L	NEVER MARRIE	U	A 1		
		nia	4.5	17-7 " V	VIDOWED [	DIVORCE		Wontgon	nerey	Md
10. CLT	Y OR TOWN OF	DEATH	II NA	ME OF HOSPITAL OR INSTITU	JEION (If not	n hospital	120 USUAL OC	CUPATION (Kind of Work done	12b MIND OF BUSINESS OR	
2		/		treet oddress)	6.	/	during most p	f Working life, even if refired )		
$\mathbb{Z}^{3}$	ethes c	14		246	Jurk	Dan.		ousewite	own nome	
		(Where deceose		on, Residence before 13	c CITY OR TO	DWN 13d.	INSIDE CITY LIMITS?	130 STREET AND NUMBER	1 1 21	
odmiss	ion) STATE	nd.	13b. COUNTY	Vintamenil	Uhea-	for YE	S NO 🗌	3602 Kano	LIPH Kd.	
7. 7.	Time but a series of the serie		1							
14 FA	THER'S NAME	First	₩ ddle	Lost	[15]	AOTHER'S MAIDE		Middle	(wiknown)	
	We	rley		Long			May		XXXXXXXXXXXXXX	
16n V	VAS DECEASED EV	FR IN ILS ARM	ED EORCES?	16b SOCIAL SECURITY NO	17 INF	ORMANT		Address		_
Yes	, never unknown	)   (Fyes give wo	or ar dates of service)				1	- ×	2	. ,
	140			577-16-6324	+ 171A	· Yesse	W. Sw	eet Sr. 3602 K	andolph Rd. S	05
1	R CAUSE OF D	EATH (Enter only	one couse per lin	e for (o), (b), and (c).)					APPROXIMATE INTERVAL	
1 1	PART I. DEA	TH WAS CAUSED	BY /2	and the second second	. 1 . 12	0,	1010		BETWEEN ONSET AND DEATH	<u>-</u>
	110		TE CAUSE (o)	willno	1660	- NO	1300		DELLAN.	_>
	160	1	DUE TO, OR A	S A CONSEQUENCE OF						
	onditions, if on	which gove								
	ise to immedio		(b)							_
s	toting the undi	erlying couse	DUE TO, OR A	S A CONSEQUENCE OF						
k	ast	)	(c)							
1 17	PART 2 OTHER S	IGNIEICANT CON	DITIONS CONTRIBUT	ING TO DEATH BUT NOT I	RELATED TO 1	HE TERMINAL DI	SEASE OR COND	ITION GIVEN IN PART 1(a)		
	1 "			THE PERSON NAMED IN COLUMN	12001160 (0.0			they sively we have help		
l a L	1	,								
ē   l	90. DATE OF OPER	ATION 19b. C	ONDITION FOR WHI	CH OPERATION WAS PERFO	RMED	20o. AUTOPSY	?		CONSIDERED IN CERTIFYING	
볼						YES	NO TO	CAUSES OF DEATH?		
CERTIFICATION	To ACCIDENT W	AC TIME DE VINC	OIL TIME OF	hattany	T01: 11035				1. 10.	
	OR CONTRIBUTING			Month Doy Year	ZIC HOW	INJURT OCCUR	KEU (Enter not	ure of injury in Port 1 or Port 2	, Hem IB.J	
	If either, notify			Monin Day Teor						
	21d INJURY OCC	IRRED 21a	PLACE OF INITIDY		(3) 216 100	TION Street o	PED No	City or Town	County State	_
	While   Not w	hile	DIE OF HISTORY	AT HOME, FARM, STREET, FACTORY OFFICE BUILDING FEC	7 211. 100	illon alleet of	1 1,1.9. 110	City of Town	County	,
at	t work 🖰 at wo	ork 🗀 🖠								
2	2a   certify	that (I) (the	s haspital) atte	nded the deceased	from		19 Leals	ta_1 2011 15	9 , that (I) (we)-	last
	saw the	deceased at	ive on 1	116 15 19	z . and	hat in (mv)	our apiniar	death accurred on the c	tate and hour and from	the
i i	causes s	tated above.	(1) (we) (did) (	(did not) view the bac	ly after de	ath.	()		rate at a troot offer traffit	1110
1 1-	26 SIGNATURE	11.8	7	7 -1	/			22.	c DATE SIGNED	_
'	20 316 441080	19/1/	150	1001	DEGREE	ATTENDING	MED MED	C STAFF C	DATE SIGNED	15
^	160	alli	6/17	77010	DEGREE	PHYS	DIRECT	TOR PHYS	00 16 176	18
2	2d. PHYSICIAN S			/)		22e. ADDRES		12	44	
ы	NAME (Type)	Walter	z E. 900;	ch A.D.		2309	Shore	field Rd. Wheat	ion. Maryland	
								<u> </u>		-
	BURIAL, CREMATIC		ATE	23c NAME OF CEM			23	d LOCATION (City or Town)	(County) (State)	
K	EMOVAL (Specify	Nov.	. 19. 190	58 Mt. Car	net Ce	metery		Staunton	Virginia	
	INERAL DIRECTOR			1 1 Cabadens			o RECD BY RE		'S SIGNATURE	
10			TEN DINUC	211211	10 (					
Wo	uner c.	, Pumph	rey Inc.	8434 Ga. A.	70, O.	را ۱/۱۷ وه ت	ATEUL WI	1968 gclia	rla Judac	

Tay be a may be retained by the this certificate has been signed by the attending physician by a completely filled in director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers shauld be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 shauld be filed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72. VR A15 (4) 30M REV 1/68

after death.

xecuted within 24

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the haspital ar attending physician

in the funeral



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1026 1 CERTIFICATE OF DEATH DECEASED-NAME Middle 20. DATE OF DEATH First 2b HOUR\_ after death. within 24 hours after death puo (Type or print) and completely filled in by the funeral remove corbon papers. Pages 1 and Month 10 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years TE LINDER I YEAR lost buthday) MONTHS 7b. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (State or fareign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ment somep. DIVORCED [ WIDOWED [ 12a USUAL OCCUPAT ON (Kill of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR give street oddress) during most of working life, even if retired liheaton Domestic 130 USJA: RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN in any event, 13a INSIDE CITY LIMITS? 13e STREET AND NUMBER exempte 13b. COUNTY admission) STATE. 14 FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Middle Lost please and requires that the death certificate 160. WAS DECEASED EVER IN ILS ARMED FORCES? 17 INFORMANT Yes, na. ar unknawn) (If yes give war or dates of service) APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) ) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been the the 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SD 20a. AUTOPSY? CAUSES OF DEATH? YES [ NO [ 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) detoched for OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work be retained 22b, SIGNATURE 22c. DATE SIGNED DIRECTOR 22d PRYS CIAN S 22e ADDRESS 2309 SHOREFIELD director, should 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION, (County) (State) REMOYAL Specify) Harmony Landover, Maryland ADARES 2 You St. 255./ REGISTRAR'S SIGNATURE Inc. VR A15 (4) 30M REV. 1/68 DAT. .NO



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CFRTIFICATE OF DEATH

	19249			ERTIFICA	TE OF DEAT	TH .					
	ASED-NAME	First	Middle		Last	2a. I	DATE OF DEATH	10	2b. HOUR		
[1 ype	e ar pnnt)	Kathrine	$\mathbf{F}_{\bullet}$	Taln	nan	N	ov. 5 1968	Year	8:55 M		
3. SEX	male	4 RACE	nale di de a	S	DATE OF BIRTH		6 AGE (In years last birthday)	IF UNDER I YEAR MONTHS   OAYS	IF JNDER 24 HRS.		
16	mare		white		3/6/81		87 YRS.	WOWIES CW12	HODKS MIN		
	THPLACE (State or foreig	n 7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. <b>COU</b>	NTY OF DEATH				
country	, Philadelr	hia Pa		WIDOWED		Mo	ntgomery		Md		
10. CITY	OR TOWN OF DEATH	11. N	AME OF HOSPITAL OR INS	TITUTION (If nat		USBAL OCCL	PATION (Kind of Work done	126 K/ND OF I	BUSINESS OR		
G	ermantowr		Maryland	er Nur	sing I	ng masi ai v House	vorking life, even if retired )	INDUSTRY			
13a. US	CAL RESIDENCE (Where on) STATE	deceased lived, if institu	tian: Res dence befare	13亿的和格1	3018MI .bst	CITY LIM TS?	13e STREET AND NUMBER 2612 Kirkw	בע הם			
M	d sixte	vPrine	e George	s Hyat	tsvil	NO 🗌	SOIS VILKA	000 TT	ace		
14. FATI	HER'S NAME First	Middle	Last	15. 1	MOTHER'S MAIDEN NA	ME First	Middle		Last		
	Augusta E	Ruer			Louise	Hipp					
16a W. Yes.	AS DECEASED EVER IN U	5 ARMED FORCES? res give war or dates of service)	16b. SOCIAL SECURITY N	IO. 17 INF	ORMANT	Talma	n-6700 Belc:	nent. D	d		
_	no, or unknown) (III)						· · ·		KATE INTERVAL		
18	B. CAUSE OF DEATH (Enter PART I. DEATH WAS	nter only and cause per l'		11	-A	Hyatt	sville, Ma.	BETWEEN OF	NSET AND GEATH		
	, , , , , ,	MMEDIATE CAUSE (a)	Waterio	relent	ac Card	more	woman dista	1 10 9	ans -		
	+101		AS A CONSEQUENCE OF								
	Canditians, if any, which gove ) rise to immediate cause (a), (b)										
SŤ	stating the underlying couse Due TO, DR AS A CONSEQUENCE OF										
-	st.										
P	ART 2 OTHER SIGNIFICA	NT CONDITIONS CONTRIBE	STING TO DEATH BUT NO	OT RELATED TO 1	HE TERMINAL DISEASE	E OR CONDITIE	ON GIVEN IN PART 1(a)				
€ 10	g. DATE OF OPERATION	TION COMPLETION FOR IM	HICH OPERATION WAS PE	DEAD ALED	20g. AUTOPSY?		20b IF YES, WERE FINDINGS CO	MCIDCBED IN CE	DILLAND		
CERTIFICATION	d. DATE OF OPERATION	196, CONDITION FUR WI	TICH OPERATION WAS PE	KFUKMEU		0 🗆	CAUSES OF DEATH?	MOIDEKED IN CE	KIIFTING		
E 21	a ACCIDENT WAS UND	ERLYING 216 TIME O	E INTUDY	Late HOW	_	_	of injury in Part 1 or Part 2, I	Iom IR I			
	TOR CONTRIBUTING CAUSE	OF DEATH HOUR A.M.	Month Day Year		HISTORI OCCURRED	frice source	s or inquity at rule 1 di rule 2, 1	ieni to.j			
	either, notify medical		AT HOME, FARM, STREET, FAC		STION Street or R F I	n No	City of Town	County	State		
W	Yhile Not while	210. TOKE OF HIJORI	OFFICE BUILDING, ETC.	7 111 100	A Silver of K.J.	D. 110	city os town	cooning	31410		
ai	Work of Work -	i) fried information att	anded the decense	ad fram	1-5-2	19/05	to/1/ 2 19	/ ∑= that	(I) (See last		
	saw the decea	sed alive an	3	9 65, and	that in (my) (eur	) apinian (	ta/// , 19, 19, leath accurred an the da	e and haur	and fram the		
	causes stated	bave, (I) (we take	(did nat) view the	bady after de	ath.				,		
22	b. SIGNATURE	W. K. W.	mail	Λ	ATTENDING E	MED	STAFF -	DATE SUGNED	110		
1	PHYSICIAN S	A-17/05	18/2	DEGREE	PHYS 22e_ADDRESS	DIRECTO	R L PHYS. L /	1/5	168		
22	MAME (Type)	AMES	P. K = 1	212	120_BUILDS	DAF	- ROOD TAN	MASMI	IS MT		
23a B	URIAL, CREMATION,	23b. DATE	123c NAME OF	CEMETERY OR C	PEMATORY	23d	LOCATION (City of Town)	(County)	(State)		
R	EMOVAL (Specify)	11/11/6	8 Arli	ngton	Cemetery		rexel Hill.	Pa.	()		
24. FU	NERAL DIRECTOR DE				2Sq. RE	C'D BY REG	STRAR 25b REGISTRAR S	SIGNATURE			
20	901 14th	S.H. Hine St. N.W.	Wash.	.C.	DATE	I VUN	2 1968 pcha	way Jun	del		

VR A15 [4] 30M REV, 1/68

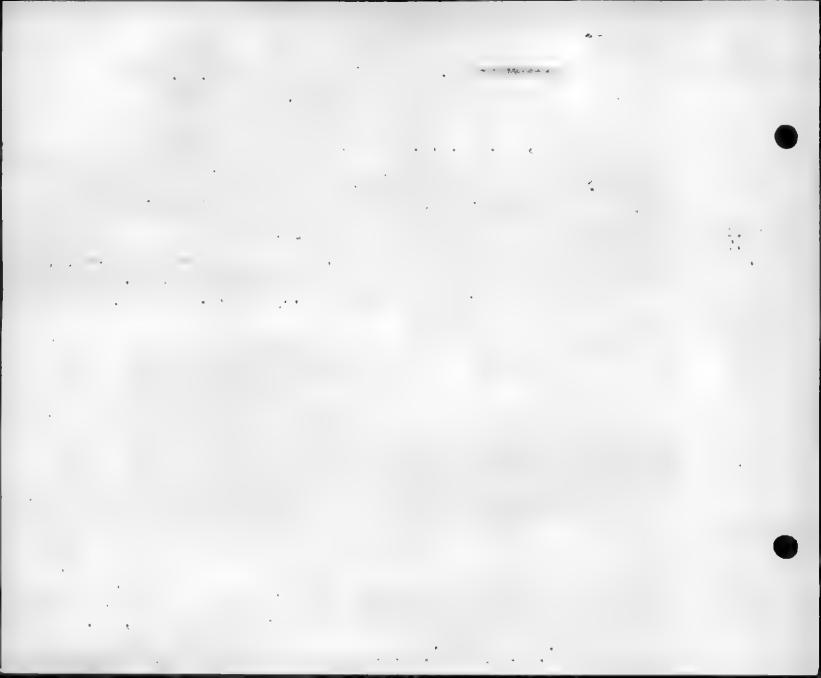
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detached for use as the burial-transit permit. Then phely shauld be filed with the State Dept. of Health prior to burial, cremation, ar remayal, and

Page 4 may be retained by the haspital ar attending physician.

Je carban papers. Pages 1 and gevent, within 72 haurs after death

and completely filled in by the fur remaye carban papers. Pages 1

TO MUSPITAL ON ATTENDING PHYSICINN: The law mayines that the death certificate by executed within 24 haum after



3. SEX

While Hat while at work

22b. SIGNATURE

			-		MARYL	AND STA	TE DE	PARTME	NT OF H	EALTH				
	1001	' Q	DIVISIO	N OF	VITAL RECOR					MORE, N	MARYLAND 2	21201	1 (	3261
	1624	2 D				CERTI	FICA.	re of d	PEATH					
1. D	ECEASED-NAME	Firs			Middle			Last		2a DATE	OF DEATH			2b. HOUR
{	(ype or print)	Charle	s Le	e 1	PAYLOR					NOV	Month	.5 Day	68 Year	750A M
3. SI	X		4. RACE				S.	DATE OF BIRT	TH		6. AGE (In		IF UNDER 1 YEAR	
	Male		Car	ıcas	ian		N	ovembe		1968		day) YRS	MONTHS DAY	3 HOURS MIN
7a	BIRTHPLACE (State	or fareign	7b CITIZE	N OF W	HAT COUNTRY?	8. MARI	RIED 🗔	NEVER MARRI	EXTX.		OF DEATH			
COL	Maryland		1	JAA			WED 🗒	DIVORCE		Mo	ntgomer	У		Mo
	ITY OR TOWN OF	DEATH			AME OF HOSPITAL O	R INSTITUTION	l (If not ic	n haspital			ION (Kind of w		12b KIND	OF BUSINESS OR
	Bethe	sda		give	strent address	Hospi	tal		dur ng mo	of Mark	ing life, even if	retired)	INDUSTRY,	NA
					tion Residence bef				d INSIDE CITY LIN	NITS? 13e	STREET AND NO	JM8ER		
odro	Mary Land		13b. C	DUNTY S	t. Mary	s Lex	ingt	on Pk	YES 🔀 NO		527 Chi	nlee	Drive	
_	FATHER'S NAME	First	1	Middle	Lo	st	1s M	OTHER'S MAIC	DEN NAME Fit	rst		Middle		last
(	Charles	G. Ta	ylor					M	lary A	llene	Schmi	.d		
	WAS DECEASED ET	VER IN US AR	MED FORCES	?	16b. SOCIAL SECUR	ITY NO.	17 INFO	RMANT			527 Ch	Admil e	e Driv	2
1	es, na jor unknowr	1) (If Yak Pive	war or dates of s	вгука]	Na		Ch	arles	G. Tai	tlor	Lexing			
	IR CAUSE OF D	EATH /Fotor o	niu onn cou	a par li	ne for (a), (b), and	1701							APPRO	DXIMATE INTERVAL
		ITH WAS CAUS	ED BY-	•			TTT (C)	DDILLOS					BELWEE	N ONSET AND DEATH
	17~ 0	IMMED	IATE CAUSE	-,-	SUBARACH			REPLACED						
	1/0	0		ro, or a	AS A CONSEQUENCE									
	Canditions, if an			(b)	DUE TO	BIRTH	TRAI	IMA		_				
	stating the und			r0, OR /	AS A CONSEQUENCE	OF								
	last	, ,	)	(c)										
	PART 2. OTHER S	SIGNIFICANT CO	NDITIONS C	ONTRIBU	ITING TO DEATH BE	JT NOT RELAT	ED TO TH	E TERMINAL	DISEASE OR CO	ONDITION G	IVEN IN PART 1	(a)		
	17													
10/1	19a, DATE OF OPE	RATION 196	CONDITION	FOR WH	HICH OPERATION WA	S PERFORMED	)	20o AUTOPS	57?	201	IF YES, WERE	FINDINGS C	ONSIDERED IN	CERTIFYING
CERTIFICATION								YES 🛣	NO 🗔	CAI	USES OF DEATH?	Yes		
CER	21a. ACCIDENT V	VAS UNDERLY	NG 216	TIME O	F INJURY	12	1c HOW				injury in Part 1		Item 181	
	OR CONTRIBUTING	CAUSE OF DE	IOH HTA	JR A.M.	Manth Day				fe.1101		and and and a	or ruit 1,	112.11	
MEDICAL	(If either, natify			P.M.		19								
2	21d INJURY OCC		a. PLACE OF	INJURY	AT HOME FARM, STREET	i, FACTORY, ] 2	If. LOCAT	TION Street	or R.F.D. No.		City or Town		Caunty	State

the attending physician and completely filled up by the funeral sit permit. Then please remave carban papers. Pages 1 and 2 nation, or remaval, and in any event, withing hayts after death. be executed within 24 haurs ufter death. burial, crematian, ar remaval, and in any event, FINAL IN The law requires that the death certificate signed by the burial-transit p attending physician. O FUNERAL DIRECTOR: After this certificate has been , page 3 shauld be detached far use as the be filed with the State Dept. af Health priar to O HOSPITAL OR ATTENDINE PHYSICIEN: Page 4 may be retained by the haspital or director, should be

Ark (Stote)

22a. I certify that (1) (this haspital) attended the deceased framsaw the deceased alive an 15 November 1000, ( 14 Novemberg 68 and that in (my) (aur) apinion death accurred an the date and haur and from the causes stated abave, (1) (we) (did) (dixtrot) view the bady after death.

22d. PHYSICIAN S

**ATTENDING** DEGREE PHYS 22e, ADDRESS MED. DIRECTOR

tal5 November1968

22c. DATE SIGNED 16 NOV 1968

(County)

NAME (Type) J.R. Naval Hospital, Bethesda, Md. DOOLEY LCDR 23c NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMAT ON 23b. DATE 23d LOCATION (C ty or Town)
Pine Bluff BMOVA (Specify) Memorial Park Cemetery 11-19-68

24 FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Funeral Home, 7557 Wisconsin Ave Bethesda Md

25a REC D BY REGISTRAR

2Sb. REGISTRAR'S SIGNATURE in mater wedge

VR A15 (4) 30M REV 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1626 6 15250 CERTIFICATE OF DEATH DECEASED-NAME First Last 2g, DATE OF DEATH M.ddfe 2b. HOUR (Type or print) 3:30P. Month 1 26Year 68 STEPHEN LLOYD TAYLOR 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF JNOER I YEAR IF UNDER 24 HRS. last birthdoy) HOURS 11-22-68 WHITE MALE 9 COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED | NEVER MARRIED | NO country)MARY LAND USA MONTGOMERY WIDOWED [ DIVORCED | 12a USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 3). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if relired.) INDUSTRY CLNEY GOMERY GENERAL 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e STREET AND NUMBER admission) STATE
MARY LAND 136. COUNTY MONTGOMERY 26028 MT. VERNON AVE. YESK NO C DAMASCUS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle M ddle Lost Lost DELENOR ROOSEVELT TAYLOR MILDRED MATILDA Rupo 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address Yes, na. ar unknawn) [ (III yes give war or dates of service) MEDICAL RECORD DEPT. NONE APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).)
PART I DEATH WAS CAUSED BY BETWEEN ONSET AND DEATH 24 hours IMMEDIATE CAUSE (o) Birth Dfect Conditions, if any, which gave) rise to immediate cause (a), Same DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? Complete Occlusion of CAUSES OF DEATH? YES 🗽 NO T Nov. 25, 1968 21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY Duoderrum 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M Month Doy Year (If either, natify medical examiner) PM. 218. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No 21d. INJURY OCCURRED City or Town County State While Not while at work

220 1 certify that (i) (this hospital) ettended the deceased from November 229 68, to November, 126, that (i) (we) last saw the deceased alive an November 26, 1968, and that in (my) (696) apinion death accurred on the date and hour and from the

M. McKendree Boyer. NAME (Type)M. MC. BOYER, M. D.

causes stated above, (1) (did) (did not) view the body ofter death.

DEOREE 23c. NAME OF CEMETERY OR CREMATORY

ATTENDING PHYS 22e ADDRESS 9701 Church St., Damascus, Mo.

DIRECTOR

PHYS.

23d LOCATION (City or Town)

22CADATE SIGNED

230 BUR AL, CREMATION, REMOVAL (Specify)

22b SIGNALURE

23b DATE Nov. 28,1968

Damascus Meth.

ADDRESS Olin L. Molesworth, Damascus, Md.

2So. REC'D BY REGISTRAR 1968

25b. REGISTRAR S SIGNATURE

Damascus, Md.

(County)

(State)

24. FUNERAL DIRECTOR VR A15 (4) 30M REV, 1/20

director, page 3 should be filed w

ond 2 death.

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and in any

removoľ,

remove

please

signed by the burial-transit p

hos been

O FUNERAL DIRECTOR: After this certificate

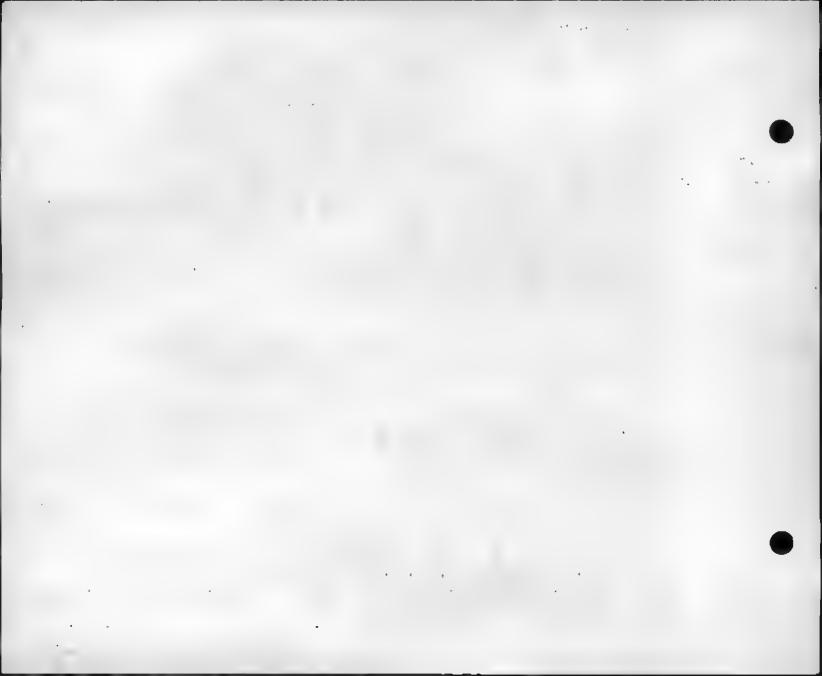
be retoined

physician and

completely filled in by the funeral

24 hours after death

requires that the death certificate be executed



and 2 **Unnera** TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physican and completely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers shauld be filed with the State Dept. af Health prior to burial, crematian, ar remaval, and in any event, within 72 is Page 4 may be retained by the hospital or attending physician.

30M REV

ertificate be executed within 24 haurs after death

TO MOSMITM OR ATTENDING MIYELEN: The law requires that the death

	162	51			CERTIFI	CATE OF	DEATH				102	) ()	
	CEASED-NAME	First		Middle		Last		2o. DATE OF		D -	No.		гь. нару
-{1	ype or print)	Robert	F	lundley	1	eeple		Nove	Month ember	26°	1968	3 2	2:35 M
SE	Х		4. RACE			5. DATE OF B	IRTH	-	6 AGE ( n y	reors	IF UNDER YEAR		NDER 24 MRS
	Male		Whi			6 June			46	YRS	MONTHS DICE	1100	NIII
	BIRTHPLACE (Sto		76 CITIZEN OF WHA	T COUNTRY?	8 MARRIE	D NEVER MA	RR-ED 9	COUNTY OF	DEATH				
		on, D.C.	USA		WIDOWE		RCED 🗌		ontgome				Md
-	TY OR TOWN O			AE OF HOSPITAL OR IN: eet_address)			during mos	st of work no	i (Kind of wo Life, even if t	etired 1	12b KIND (	OF BUSI	NESS OR
	Bethese		The	eet oddress)				etter (	arrie		US G	OV 1	t
30 idmi	STATE MATY LA	Lt (Where decease	1/3b_COUNTY Prince	n Residence before	13c CITY (		13d INSIDE CITY LIM YES NO		TREET AND NU				300
	ATHER'S NAME	First	Middle	Georges	Suitl		AIDEN NAME Fir	- 44	11 Ar	Middle	Road.	Apt	103
14. [			_			IS. MUTHER S IN		131		niuale	** 7		ost
160	WAS DECEASED	EVER IN U.S. ARMI	D. ED FORCES?	Teeple  16b. Social Security	NO. 17	INFORMANT E	Ida ethesda	Mary	M. /Land A	daress	Woode	n	
	es, Nor unkno			578-12-46			cal Rec	, ,			al Cer	ter	
	IR CAUSE OF	DEATH /Enter only		for (a), (b), and (c)							APPR	XIMATE I	NTERVAL
		EATH WAS CAUSED	BY. He	patic Dec		sation						eel	NO DEATH
	IMMEDIATE CAUSE (c)  DUE TO, OR AS A CONSEQUENCE OF												
	Conditions, if	iny, which gave		rrhosis							7	ear	15
		liate cause (a),{ iderlying cause(	DUE TO, OR AS	A CONSEQUENCE OF									
	last 587	(1)	(c)										
	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)											
NO.		Generalized Psoriasis											
CERTIFICATION	190 DATE OF O	PERATION 196. C	H OPERATION WAS PE	CAUSE				F YES, WERE F! S OF DEATH?			CERTIF	YING	
RTIF	A ACCIDENT	WAY WHEELVING			Las	YES 🔼				Yes			
		WAS UNDERLYING INC CAUSE OF DEATH		INJURY Manth Day Year	21c.	HUW INJURY OC	CURRED (Enter	noture of inju	iry in Part La	r Port 2,	item 18.)		
MEDICAL		y medical examin		IT NAME FARM STREET FA		100171011 5	. DED N						Fa-A-
4.	21d INJURY O While Not	***************************************	PLACE OF INJURY (	AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	211,	LOCATION Stre	er or K.F.D. No.	City	or Town		County		Stote
	at work — of	wark	harnitall attach	nded the deceos	ad from	24 597	10 6	S to S	Nor	10	68 th	×+ -(4)	/wal last
	saw th	is deceased all	ive on 26 No	vember	968	nd that in (2)	(our) opin	non deoth	occurred or	the do	te ond hou	rond	from the
	couses	stoted obove	(we) (did) *(	view the	body ofte	r deoth.	,,,,,						
	22b SIGNATUR	115	Tan.		mll	ATTENDI			STAFF IT	_	DATE SIGNED	.0	
	22d PAYSICIAL	Monay	6/100	me T	DE CE	GREE PHYS	DRESS <b>The</b>	RECTOR L	PHYS 2		1/26/6		
	NAME (Ty	. 1	hael B. M	losher, M.	D.		itutes						•
23n	BUR AL, CREMA		ATE	23c NAME OF		R CREMATORY			ON (City or To		(County)		tate)
	REMOVAL Spet		Mov. 30,	1968		Hill			itland		(4001)	10	/
24_	FUNERAL DIRECT	OR Willie	lm 1200	ADDRESS	1 D.1		250. RECID BY		68 25b. RE		SIGNATURE	dal	2.
1	lobert 1	. MTTTIG	lm 4308	Suitland	tiand	l Md.	DATE	3 13	00		1	-	

· i 5 5 7° 1 7 6 6 2 6

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16266 CERTIFICATE OF DEATH 20. DATE OF DEATH Middle Lost /Month Hiett OMAS DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) MONTHS 9 COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED WIDOWED DIVORCED [ NAME OF HOSPITAL OR INSTITUTION (1f not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired.)
HOUSEWLIE 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c. CITY OR TOWN 138. INSIDE CITY LIMITS? 13e STREET AND NUMBER YES IS MOTHER'S MAIDEN NAME Lost M ddle 16b. SOCIAL SECURITY NO 7 INFORMANT (If yes give wor or dates of service)

18258 1. DECEASED-NAME

First

inico

PART I DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (0)

(Type or print) 3 SEX 70 BIRTHPLACE (State or foreign country 14 FATHER SALAME 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 18. CAUSE OF DEATH (Enter only one couse per une for (a), \$\frac{1}{2}\rho\$, God (c).) Conditions, if any, which gove ) rise to immediate couse (a), stating the underlying couse

carban papers. Within 72 physician and completery fil attending physician and complete permit. Then please remove cart on, or removol, and in any event, requires that the death certificate be execute permit. cremation, buriol-transit signed by 1 Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by prior to for use as the Heolth be detoched ATTENDING should

led in by the funeral papers. Pages' I and 2 in 72 have after death.

24 hours after death

While Not while at work at work -22a. I certify that (1) (this-basety), attended saw the deceased alive an (we) (did) (did not causes stated above, (i) 22b. SIGNATURE 22d. PHYSICIAN 23b DATE 236 BLRIAL, CREMAT ON

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH

21d. INJURY OCCURRED

24 FUNERAL DIRECTOR

(If either, notify medical examiner)

T x 111 190 DATE OF OPERATION

11-23-68

DUE TO, OR AS A CONSEQUENCE OF

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

215 TIME OF INJURY

P.M.

HOUR A.M.

AS A CONSEQUENCE OF

Month Day Year

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPORTED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)

21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No

the deceased from

view the pady after death

DUE TO, OR

Arlington Cemetery. PUMPHREY. Bethesda, Maryland

NAME OF CEMETERY OR CREMATORY

RECD BY REGISTRAR NOV 2 6

20c AUTOPSY?

YES 🗍

ATTENDING PHYS

Arlington,

23d LOCATION (City or Town

CAUSES OF DEATH?

City of Town

STAFF

and that in (my) ( aur) apinian death accurred an the date and haur and from the

21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18)

DIRECTOR

206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

County

DATE (STIGNED

2b. HQUR

HOURS

Lost

APPROX MATE INTERVA

SETWEEN ONSET AND DEAT

State

director, poge 3 should be filed VR A15 (4) 30M REV 1/68

eq.



## MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH

1626

Year

Co.

INDUSTRY

ZYAG

12b KIND OF BUSINESS OR

2b. HOUR

IF UNDER 24 HRS.

HOURS

Lost

APPROX MATE INTERVA

BETWEEN ONSEI/AND DEATH

16253 DECEASED NAME (Type or print) 3. SEX Female 14 FATHER'S NAME

death.

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remayal,

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burial,

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detached

permit.

burial-transit

signed by

O FUNERAL DIRECTOR: After this cert ficate has been

be retained

ATTENDING PHYSICIAN: The

and

physician and campletely filled in by the funeral

requires that the death certificate be executed within 24 haurs after death

First Middle Lost 20. DATE OF DEATH Pearl Llizabeth Thomas 4. RACE 6. AGE (In years IF UNDER I YEAR S. DATE OF BIRTH MONTHS lost birthdoy) NETTO 5/14/1898 9. COUNTY OF DEATH 7b CITEZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED So. Carolina WIDOWED X DIVORCED [ Montgomery 10 CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital duting most of working life, even if retired ) give street oddress) washington, vo Nur. in: Homa nivercity 13o, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. HISIOE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 186. COUNTY YES NO [ 6622 13th Place, Nu Jashinoton IS. MOTHER'S MAIDEN NAME First First Middle Lost Middle Alcatha Brown Lee Thaddeus Greir Address 6622 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, or unknown) N.W. WASH. 378-12-5311 MRS. 18. CAUSE OF DEATH (Enter only one couse per line (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) 4100 Conditions, if any, which gove ! rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse CONTRIBUTING , TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) PART 2 (OWER'S GNIFICANT CONDITIO 190 DATE OF OPERATION 96 CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES NO ( 21o. ACCIDENT WAS UNDERLYING 21c, HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)

While Not while of work

216 TIME OF INJURY

206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING

City or Town

OR CONTRIBUTING CAUSE OF OEATH HOUR AM. (If either, notify med col examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY

Month Doy Year ( AT HOME, FARM, STREET FACTORY, ) 21f LOCATION Street or R.F.D. No. OFFICE BUILDING, ETC

County

Stote

22a. I certify that (I) (this haspital) attended the deceased from 4/10/2, 1965, ta 1965, and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated)abave, (1) (we) (did) (did nat) view the bady after death 22c DATE SIGNED

ATTENDING PHYS DIRECTOR PHYS. 22e. ADDRESS

9th St., ".J, wash., DC

(Stote)

23a BURIAL, CREMATION REMOVAL (Specify) BURLA

22b SIGNATURE

22d PHYSICIAN S

NAME (Type)

23b DATE

Liwari Mazique,

23c NAME OF CEMETERY OR CREMATORY LINCOLN

DEGREE

23d LOCAT ON (City or Town) SUITLAND, MARYLAND 250, REC'D BY REGISTRAR

(County)

30M REV 1/68

Shaule

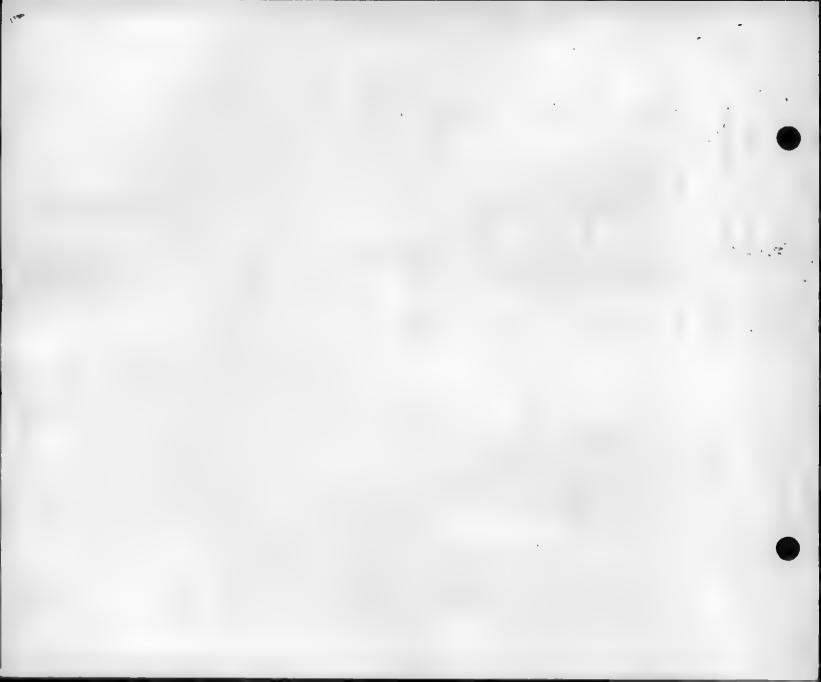
director, page 3

1501

25b. REGISTRAR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 15263 MEDICAL EXAMINER'S CERTIFICATE OF DEATH DECEASED NAME 20. DATE KNOWN Yeor (Type or Print) OF ESTIdelay is and 3 ta M3. Page DEATH MATED 6. AGE (In years AF ANDER I YEAR OF UNDER 24 HRS 2c DATE PRONOUNCED DEAD S DATE OF BIRTH and W3. 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9 DUNTY OF DEATH WIDOWED X DIVORCED F Give Pages 11 NAME OF HOSPITALOR INSTITUTION (if not a haspital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR 10. CITY-OR TOWN OF DEATH (verticed) give street oddress) 130 USUAL RES DENCE Where desposed lived, it his prion, Res dence before 130 CITY OR 1840 MATS (noissimbo 13b COUNTY IS MOTHER'S MAIDEN NAME 14 FATHER'S NAME Thye Von Thulen Fred hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO NFORMANT pencii 578-44-7258 1 APPROX.MATE INTERVAL within 18/ CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN GNSET AND DEATH PART I DEATH WAS CAUSED BY Cotonal Sudten IMMEDIATE CAUSE (n) DUE TO, OR AS A CONSEQUENCE OF Cardio Vascular Disease -Canditions, if any, which gove 40055 rise to immediate couse (o). writing the word This certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊑ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Ö Diabetes melities 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X 210. EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street of R.F.D. No. City or Town County Stole foctory, office building, etc.) WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X Inquiry 3 and in my opinion Natural couses . Accident . Suicide . Homicide death resulted from: Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE. DEPUTY MEDICAL EXAMINER 5 may O FUNEI Health **EXAMINER'S** Old Georgetown Road, Bet .. apprisa (reet) willy alown, or county) NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23o BUR AL CREMATION, 23b DATE 23d LOCATION (City or Town) (County) BEMOYAL (Specify) 11/21/68 Arlington National rlington, 750 REGISTRAR S SIGNATURE 250 RECT BY REGISTRAR heeler Funeral Home 1331 Rock. Pike VR A15ME (5) TOM REV 1766

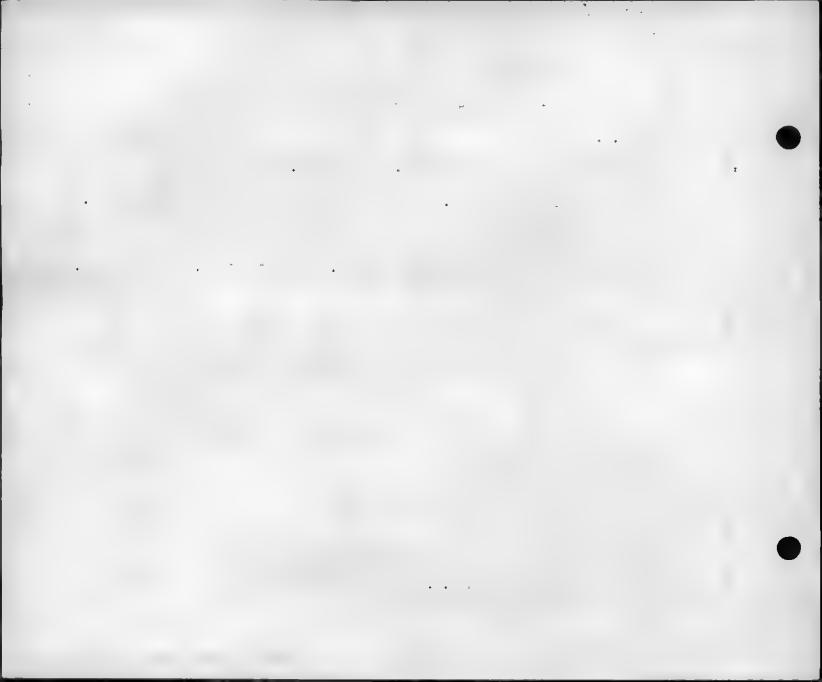




DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16256 CERTIFICATE OF DEATH filled in by the funeral or papers Rages 1 and 2 20. DATE OF DEATH DECEASED NAME First Middle Last 26 HOUR 24 hours after death (Type ar print) Month FRANCES DOMEY 19.1 HELINDER 1 YEAR 1F LINDER 24 HRS 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years last birthday) MONTHS MIGUES 80 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country Maryland DIVORCED [ ONY WIDOWED 12g USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in bospital 125 KIND OF BUSINESS OR during most of working life, even if retired.)
Housewife INDUSTRY 13a. USDAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? certificate be executed admission) STATE eve 2010 YES -NO X Howard remove COM physicial and control 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Louis Bauman Frances Mewshaw Chevy Chase 16g WAS DECEASED EVER IN U.S ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) [ [If yes give war or dates al service] Dr. Lewis C. Toomey, 8301 Kerry Rd. Md. APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line-fer (a), (b), and (c)) BETWEEN ONSET AND DEATH death PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a DUE TO, OR AS A DONSEQUENCE OF Canditions, if any, which gave; burial-transit rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TON GUTEN UP PART HAI has been as the pror 205. IF YES, WERE FINDINGS CONSIDERED IN 20g. AUTOPSY? CAUSES OF DEATH? NO 🔼 **AE2** USe Health 1 certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ور HOUR A.M. Month Day Year OR CONTRIBUTING CAUSE OF DEATH detached fi te Dept af F P.M. (If either, natify medical examiner) 21e PLACE OF INJURY (AT HOME, FARM, STREET FACTORY) 21f LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town . County State While Nat while at wark at wark O FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased fram: (1) shauld director, page 3 shaul shauld be filed with th 226 5 GNATURE 22c. DATE SIGNED **ATTENDING** PHYS. DIRECTOR PHYS. 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) John Haberlin 9801 Georgia Ave 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23h. DATE 23a. BURIAL, CREMATION, BURIAL (Specify) 11-5-1968 Loudon Park Cemetery Baltimore, Maryland 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 25g. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Howard H. Hubbard, 4107 Wilkens Ave. 21229 1968 Miaria 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH





State Department of

5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a bur of-transit permit File pages 1 and 2 with the Health prior to burial, cremation, or removal, and in any event within 72 hours after death.

any delay is 2, and 3 to PM3. Page

This certificate should be executed within 24 hours ofter degits

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Givin the funeral director Page 4 should be forwarded to the Chief Medical Examiner's Office along

DICAL EXAMINER:

TO DEPUTY

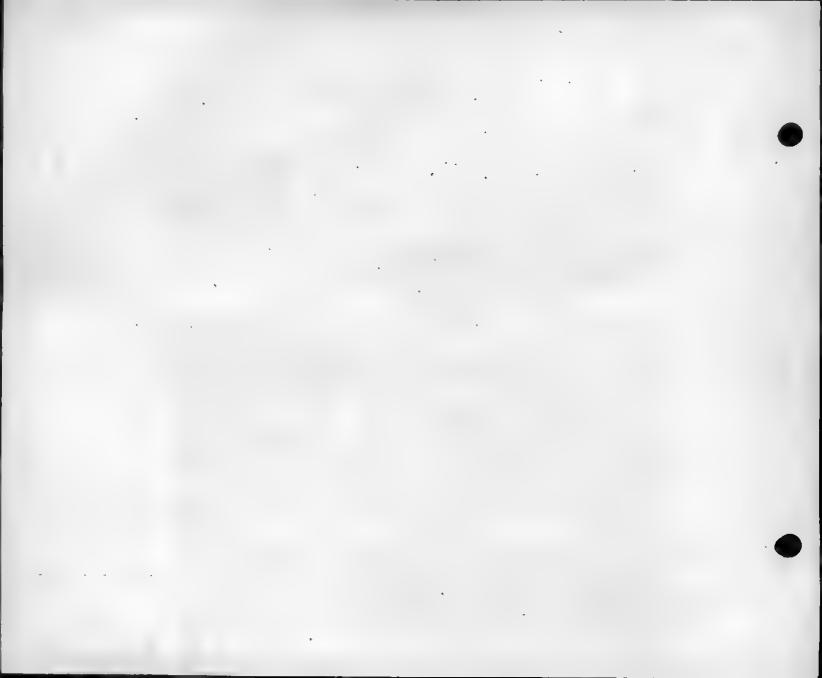
## MARYLAND STATE DEPARTMENT OF HEALTH F VITAL RECORDS 301 W PRESTON STREET RAITIMORE MARY

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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		MEDICAL EXAMINER'S CERTIFICATE OF DEATH
		eccased-Name First Middle Lost 20 DATE KNOWN Month Day Year 2b Hour Year OF ESTI
1	3 SE	A AGE OF BIRTH A 6 AGE (IN years   FUNDER 1 YEAR   FUNDER 24 HRS   2c DATE PRONOUNCED DEAD   2d NOUR
L		Fe CAUC, 5/16/72 96 VRS MONTHS DAYS HOURS MAN MANUTH - 3 YEAR 68 850
- 1	7a B	BIRTHPLACE (Stote or foreign 7b. CITIZED OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH
ŀ	10 ()	WIDOWED DIVORCED DIVORCED DIVORCED 11 NAME OF HOSPITAL OF INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work does 12b kind of BUSINESS OR
	D	Elver Spring grand Blue Hamp aring most of working the even if retired to blue Clothing
		USUAL RESIDENCE (Where deceased lived if institution, Residence before 13c CITY OR TOWN) 13d INSIDE CITY LIMITS? 13e STREET AND MIMBER 3000 CHISSION) STATE 12 COLOR STATE 13C CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND MIMBER 3000 CHISSION) STATE 12 COLOR STATE 13C CITY OR TOWN 13d INSIDE CITY LIMITS?
	14. F/	ATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle Lost DC
ŀ	160 1	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 4200 CARDIAGUE
		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 4200 Carlla Circ. (18 yes give war or dates of service) 518-46-5372 Mars. M. Vierbery (New C.) new. Wash III.
ľ		18. CAUSE OF DEATH (Enter only one cause per yet (a), (b) and (c))  APPROXIMATE INTERVAL  BETWEEN ONSET AND GEATH
1		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) (Live Coronary Insufficiency
1		Conditions, if any light chiques
1		nse to immediate couse (a).
1		stating the underlying couse DUE 10, OK AS A CONSEQUENCE OF
1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION G VEN IN PART 1(0)
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	CERTIFICATION	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 1 NO X
1		216 EXTERNAL CAUSE WAS 216 TIME OF N.URY Month, Day Year PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of in ury in Port 1 or Part 2, Item 18.)
1	MEDICAL	CAUSE OF DEATH P.M. 19
	*	21d NJURY OCCURRED 21e PLACE OF N.JRY (At home, form, street, white mot white foctory, office building, etc.)  21f LOCATION Street or R.F.D. No. City or Town County Stote
	1	22a. I certify that I taak charge of the remains described abave, held an Autapsy , Inspection , Inquiry , ond in my opin on
1		death resulted from Natural causes Accident , Su cide , Ham cide , Undefermined manner
1		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER
ı		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220. DATE SIGNED
		NAME (Type) BELOEN K / EAD My ) ADDRESS (SHOOT OF THE STATE OF THE STA
Î	23a	BURIAL, CREMATION 23b. DATE 23c NAME OF CHMENERY OR CREMATORY 23d. JOCATION (City or Town) (County) (State)
	Rei	REMOVAL Specify moval - Burial 11-7-1968 Alleghany Memorial Park Pittsburgh, Pennsylvania
	64	Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. 250 NIV REGISTRAR 100 TO REGISTRAR 5 S GNATURE

VR A15ME (5) 10M REV 1/68



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FUNERAL DIRECTOR: Poge

Item 18. Give Pages

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**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician a<del>nd co</del>mpletely filled in by the figure of director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

**CO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate Page 4 may be retained by the haspital ar attending physician.

L	Toso	4	DIVISION OF VI			ATE OF DEAT		L, INSK LENK	D 21201	1.0.	K 6 c3
	DECEASED NAME (Type or print)	Elsie	P	Middle ancoast		lost Wasson	20	DATE OF DEATH NOV. Mo	nth 14 Day	6 <b>8</b> ear	2b ноик 6:17g
3 :	EX Fema	le	4 RACE Whi	te		5. DATE OF BIRTH 1-16-96		6 AGE last t	( n years outheay) YRS.	IF UNDER YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
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adı	nission) STATE	Marylan		toomery	Silv	er Spring	NO	13e STREET AN 3362	4 Glene	agles I	
14	FATHER'S NAME	First	Middle L •	Pencoas	t	MOTHER'S MAIDEN NAI	ME First Anna		Middle M.	Neil	l s <b>e</b> n
16	WAS DECEASED Yes no, or unkno	EVER IN U.S. ARI	MED FORCES? 16	b social security no 2-38-008	17. II	NFORMANT Hospit	tal Re	ecords	Address O	lney, Mo	
		DEATH (Enter or	ly one cause per line f	ar (a), (b), and (c).)		Pleura +1	ungs	s) Care	monre	BETWEEN	KIMATE INTERVAL ONSET AND DEATH
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	While Not	work -				CATION Street or R.F.D.	10			County	Stote
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	226. SIGNATUR	Cel_s	2- 9- 4	ales Wi	DEGR	EE PHYS	MED. DIRECTOI	R STAFF		DATE SIGNED	168.
L	22d. PHYSICIAI NAME (Ty		C.A.Yates				gomei	ry Hos	pital		
L	BURIAL, CREMA REMOVAL (Special Burial	ify) 1	DATE 1/16/68	23c NAME OF C	EMETERY OR	1	Pa	LOCATION (City		to Go	(Stote)
24	H.W.Jei	ikins 8	& Sons Co	4905 1to 12	York Md	Ra. DATE	AUA LE	5 <sup>4x</sup> 1968	The state of	TONATUKE	mage.



/ 1	MARYLAND STATE DEPARTMENT OF HEALTH  16262  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
<i>p</i>	CERTIFICATE OF DEATH
er death.	DECEASED NAME (Type or print)  MAUDE  D. WEAVER  1 DECEASED NAME (Type or print)  MAUDE  D. WEAVER  1 DECEASED NAME (Type or print)  NOV. 17 1868 3 3 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
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executed within 24 haurs after death death death single folled on by the funeral smove carbon parets. Roses and 2 bay event, within 2 hours offer death	10. CITY OR TOWN OF DEATH  Silver Spring  11. NAME OF HOSPITAL OR INSTITUTION (if not in hospital give street address)    Nursing Home  12a USUA. WANTE Mark done during most of work in file, even if retired )    INDUSTRY
ecuted very camplete ove corky event,	13a LSUAL RESIDENCE (Where deceosed lived, if institution Residence before admission) STATE North Dakova COUNTY Edgeley YES NO 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
e execution of the company of the co	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
	James Douglas Nellie Imogene Cornwe
* 15 0 0 0	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b SOCIAL SECURITY NO 501-48-8806 Mr. H. Douglas Weaver, Son, 4810 Sedgwick S
Page 4 may be retained by the haspital or attending physician.  • Funeral Director: After this certificate has been signed by the attending phy director, page 3 shauld be detached far use as the burial-transit permit. Then shauld be filed with the State Dept. at Health prior ta burial, cremation, ar remaval	RAPPED MATE INTERNAL PRINTER CAUSE (a)   PART I. DEATH WAS CAUSED BY:   PART I. DEATH WAS CAUSED BY:   DUE TO, OR AS CONSEQUENCE OF
TO HOSPITAL OR Page 4 may be in FUNERAL DIRING director, page 3 shauld be filled v	NAME (Type) A FT HUR N- LI-WIS 1733 N W Wash DC  130 BUR AL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City or Town) (County) (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Removal-Burial 11-19-1968 Mount Hope Cemetery Edgeley, North Dakota
VR A15 (4) 45M 1/69	12 January Series - Words D. C. 250 RECD BY REGISTRAR SIGNATURE Judge





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 165%

First Middle last 2a. DATE OF DEATH DECEASED-NAME 2ъ. ИОМ (Type or print) Rebecca Weiman Month None 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years HE LINDER I YEAR 15,1891 lost birthday) Sept. White Female 70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8 MARRIED → NEVER MARRIED country) Montgomery U.S.A. County Russia WIDOWED [ DIVORCED [ D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of warking life, even if retired.)
HOUSEWIIE INDUSTRY Holy Cross Silver Spring 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d INSIDE CITY LIMITS? 13b COUNTY Montgom. Sil.Spr. 8101 Eastern Ave. odmission) STATE Md. 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle First Middle Last Last Milman Jacob Annette 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 12 INFORMANT Address Benjamin Weiman-733 Sligo Ave.S.S. Yes, na, ar unknown) Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (d). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditions, if any, which gave ) rise to «mmediate cause (a), DUE TO, OR stating the underlying causes PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19n. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES [ NO DK 21g ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, napty medical examiner) PM 21e, PLACE OF INJURY (AT HOME, FARM STREET, FACTORY.) 21f, LOCATION Street or R.F.D., No. 21d. INJURY OCCURRED City or Town County State While Not while at wark at wark 19/01, to New 24, 19/08, that (1) (we) last 22a I certify that (1) (this haspital) attended the deceased from Julian saw the deceased alive an Morr 1 19 and that in (my) (aur) apinian death occurred an the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 225 SIGNATURE 22c DATE SIGNED MED DIRECTOR DEGREE PHYS 22d PHYSICIAN'S 22e, ADDRESS ISLEN NAME (Type) AUMICE 23a. BURIAL, CREMATION, REMOVAL (Specify) BULLAL 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) 23b. DATE (County) (State) 11-25-1968 Geo. Washington Cemetery | Hyattsville 250. REC'D BY, REG STRAR 40 - 45b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR ADDRESS

Goldberg Funeral Home 4217 9th Street N. W.

O FUNERAL DIRECTOR: director, page 3 should be filed v VR A15 (4) 30M REV 1/68 16264

within 24 hours after death

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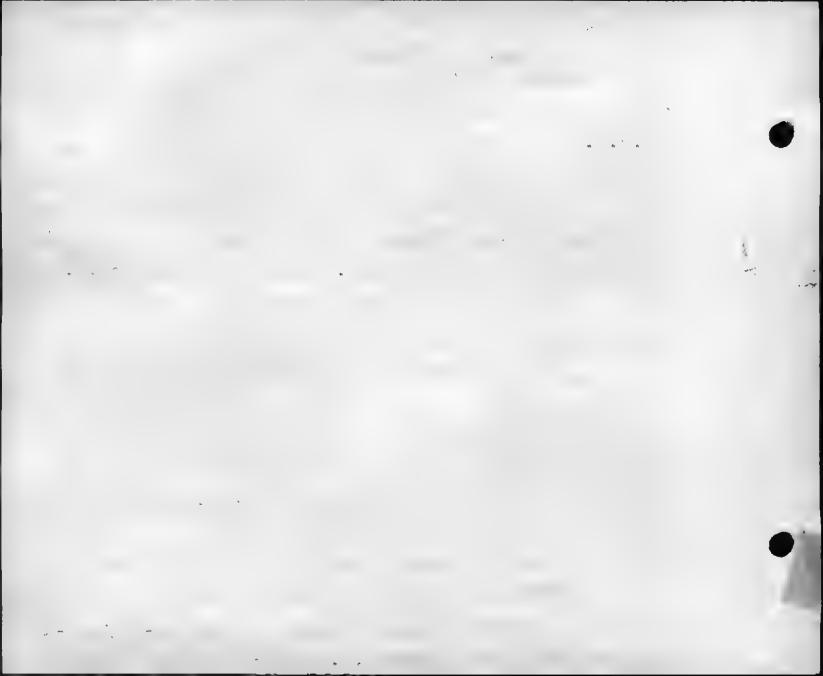
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		18 18 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	100 0
FOR STATE	L.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Month Type or Print) / / / / / / / / / / / / / / / / / / /	Doy Yeor 2b. HOUR
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L ED ecul Pag ar ) R:P		22o. I certify that I took charge of the remains described above, held on Autopsy 💢, Inspection 💢, Inquiry 🔀	ond in my opinion
CTO For	1	death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
please I direct retaine DIREC		CHIEF MEDICAL EXAMINER	
		SIGNATURE M.D. ASSISTANT MED CA. EXAMINER 22b DATE	
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o DEPUTY necessary, p the funeral 5 may be r O FUNERAL Health price		NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	
5 g # ~ 5 # ×	230	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
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, ,	24	FUNERAL DIRECTOR  F. Gasch's Sons Hyattsville, Md.  7250 REGISTRAR	
VR A15ME (5) 10M REV 1768		F. Gasch's Sons Hyattsville, Md. DATE NOV 18 1968 JCC	arles Judge



#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16267 10281 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2o. DATE OF DEATH 2b. HOJARIVI November (Type or print) (MMN) White Antonina 1 -05 M IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR filled in by the function of the following in the followi last birthday) 13 June 1939 White Female 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 7a BIRTHPLACE (State or fore an B. MARRIED XX NEVER MARRIED [7] country) USA WIDOWED [ DIVORCED [ Montgomery Italy 10 CITY, OR JOWN OF DEATH 17 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR The Clinical Center, NIH during most of working life, even if retired) HOUSTRY Education Bethesda 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER i3d, INSIDE CITY LIMITS? odmission) STATE New York 13b. COUNTY physicion and comp en please remoye c YES 🔽 NO 🗌 242 Arborwood Lane Rochester 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Pasquale Carmella Callozze Sanzo 17 INFORMANT Bethesda, Maryland Address 16b SOCIAL SECURITY NO. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? [If yes give war ar dates of service] Yes, no, or unknown) 073-32-8970 The Medical Records, The Clinical Center 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Cerebral anoxia and edema 3 days cramotion, DUE TO, OR AS A CONSEQUENCE OF signed by the c burial-tronsit po Conditions, if any, which gave) (b) Severe pulmonary hypertension vears rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse; 3 days d Coma secondary to anoxia PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Atrial septal defect, previous mitral stenosis has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 20g AUTOPSY? CAUSES OF DEATH? 11/13/68 Atrial septal defect YES [X] NO 🔲 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part & or Part 2, Item 18.) 216 TIME OF INJURY OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 2.d. IN.JRY OCCURRED City or Town County State While Not while at work 220. I certify that (1) (this hospital) attended the deceased from LO Nov., 1968, to LO Nov., 1968, that (1) (we) last saw the deceased alive an 15 November 1968, and that in (1) (aur) opinion death accurred an the date and hour and from the causes stated above 10x (we) (did) (2002) view the bady ofter death.

director, poge : ■hould be fil∎d VR A15 (4) 30M REV, 1/68

raquires that the deoth certificate be executed within 24 hours after

23b. DATE 230 BURIAL CREMATION REMOVAL Treit sit 11/16/1968

Charles L. McIntosh, M.D.

23c NAME OF CEMETERY OR CREMATORY

117 DEGREE

Rockville, Md.

ATTENDING

23d, LOCATION (City or Town)

22c. DATE SIGNED 16 November 1968

(County)

(Stote)

22e ADDRESS The Clinical Center, National Institutes of Health, Bethesda, Maryland

Canaseraga. 1331 Rockville Pike REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE NOV 1 9

24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home

22b. SIGNATURE

22d. PHYSICIAN'S NAME (Type)



the orient

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

16283

			,	OF 1 / 1 1 1 1 0	AIL OI DI					
	CEASED NAME ype ar print)	First	Middle		Last	20.	DATE OF DEATH	nth¶ 1 Day	1 Year 6	8 9:40
		MAUD	MAY		WIDMER					
3 SE	FEMALE	4. RACE Whit	E		5. DATE OF BIRTH		6. AGE last b	(In years   1971) Prihaday   1971	MONTHS DAYS	F UNDER 24 HI HOURS M
7o. B	IRTHPLACE (State at farei	gn 7b. CITIZEN OF V	/HAT COUNTRY?	8 MARRIED	NEVER MARRIE	V	INTY OF DEATH			
	HINGTON, D.			WIDOWED			ONT GOME			
(	TY OR TOWN OF DEATH	give	VAME OF HOSPITAL OR INS Listreet address) MONT GOME RY	GENERA		during mast of v RETTR			126 KIND OF INDUSTRY HOUSE!	BUSINESS OR WIFE
3a adm+	USUAL RESIDENCE (Where ssion) STATE MARYLAI	deceased lived, if institution I35 COUNTY		13c CITY OR SANDY	SPRING YE	INSIDE CITY LIMITS?	13e STREET AND	NORWOOD	ROAD	
	ATHER'S NAME First	Middle	Last	15	MOTHER'S MAIDE	N NAME First		Middle		Last
	HE	NRY P.	PULLI	A.M.		REBE	CCA	A.	M	AYHUGH
]6a Y	WAS DECEASED EVER IN U	J.S. ARMED FORCES? yes give war or dates of service)	16b SOCIAL SECURITY I		NFORMANT	_		Address		
	10	jungine and of our state service)	073-03-53	11   1	TEDICAL 1	RECORD D	EPT.			
	18. CAUSE OF DEATH (E	inter anly one cause per	ine far (a), (b), and (c).	)	. 1					MATE INTERVAL DISET AND DEATH
	PART I. DEATH WAS	MMEDIATE CAUSE (a)	Apop	leve	· Kel	undo	reien		20	les_
- 1	Canditions, if any, which rise to immediate caus stating the underlying last	se (a), ( (b)—	AS A CONSEQUENCE OF			Les Vosce			20	702
	42 i	ANT COMBITTONS CONTRIB	DING TO DEATH BUT NO	OF KEDATED TO	THE TERMINAL DI	ISCASE OK CONDITIE	JN GIVEN IN PAK	3 1(0)		
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR W	HICH OPERATION WAS PE					206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?		
3	21a ACCIDENT WAS UND OR CONTRIBUTING CAJS (If either, natify medical	E OF DEATH HOUR A.M.	Manth Day Year	1	W INJURY OCCURR	RED (Enter nature	af injury in Part	1 or Port 2, I	tem 18.)	
-	21d INJURY OCCURRED While Nat while at wark	21e. PLACE OF INJURY	( AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		CATION Street ar	r R F.D. No.	City ar Tawn		County	State
	22a. I certify that (	(1) (this hospitol) of sed alive onobave, (1) (we) (did	25/]	9 <u>48</u> , ond	lithat in (my) (	, 19 <u>&amp; &amp;_,</u> ( <del>our)</del> opinion d	to <u>KSS</u> leath occurre	, 19 <u>4</u> d on the dot	28, that te and haur	(1) (we) and from
	22b. SIGNATURE	, Dmi	J very	DEGR	ATTENDING	MED DIRECTOR	STAFF PHYS.	22c D	DATE SIGNED -1-68	
Ì	22d. PHYSICIAN'S NAME (Type) Ā.	D. BONIFAN	, M. D.		22e ADDRESS MEDI			DY SPRI	ING, MD	•
23a	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 11/4/68	23c NAME OF	CEMETERY OR			LOCATION (City o	it Tawn)	(Caunty)	(State) Va.•
24. I	FUNERAL DIRECTOR	M Woats Mari	CAMI _ ADDRESS		250	RECD BY REGIS	TRAR 2Sb.	. REGISTRAR'S	SIGNATURE	- 04 6
Εv	erly Funera	al Home 10	65 Main St	. Fair	fax, Va	NOV 7	1968	Clean		58.

24 hours after

TO HOSPITAL OR ATTENDING FINSSCIAM: The law requires that the death certificate be executed within

Page 4 may be retained by the haspital or attending physician.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1624. 16270 CERTIFICATE OF DEATH DECEASED-NAME Middle 2e DATE OF DEATH 2b. HOUR EDWARD (Type or print) W. WILKS Month Nov. 3 SEX 4. RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. lost\_birthdoy) HOURS White Feb 20, 1898 M le 75. CITIZEN OF WHAT COUNTRY? To. BIRTHPLACE (Stote or foreign 8. MARRIED THE NEVER MARRIED 9. COUNTY OF DEATH Mississip i Montgomery U.S.A. WIDOWED [7] DIVORCED [ ] 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR gwesteet address inard Ave. INDUSTRY Kensington daning wost of workinglife, exectification 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e, STREET AND NUMBER requires that the death certificate be executed ontgomery Kensington YES NO T 4014 Brainard Ave. 14 FATHERS NAME Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Wilks Steven F. Emma Pickle 16b SOCIAL SECURITY NO 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no, or unknown) 7-03-9816 Dorothea L. Wilks - wife - same itam 18. CAUSE OF DEATH (Enter only one couse per line for (d), (b), and (c).)
PART + DEATH WAS CAUSED BY burial-transit permit. burial, crematian, or n IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) nse to immediate cause (a), signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) O FUNERAL DIRECTOR: After this certificate has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES 🖂 NO [T] 21o. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) DR CONTRIBUTING CAUSE DE DEATH HOUR A.M. Month Day Year 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while of work 6, 10/1000 22a. I certify that (I) (this Huspital) attended the deceased from saw the deceased alive an 1/5 / 6 19, and that in (my) (aur) apinion death accurred an the date and hour and from the director, page 3 should should be filed with the causes stated above, (1) (we) (did) (dia view the bady after death 22b SIGNATURE 22c. DATE SIGNED. DIRECTOR 22d. PHYSICIAN S Robert T. Thibadeau Old Georgetown Road, Rockville NAME (Type) 230 BURIAL, CREMATION,
TREMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY
Gate of Heaven 23b. DATE 23d LOCATION (City or Town) (County) (Stote) 11/11/68 Silver Spring, 24. FUNERAL DIRECTOR **ADDRESS** 2Sb. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home 13 1 Rock Pike





## MARYLAND STATE DEPARTMENT OF HEALTH

1968

250. REC'D BY REGISTRAR
DATE NOV 19

NOV

	18378	D	IVISION OF	VITAL RECORDS,		RESTON STREET, BA		ORE, MARYLAND 21201	162	56
	ECEASED-NAME	First		Middle		Last	1	2a. DATE OF DEATH		2b. HOUR
(1	Type or print)	arvey	7	Derwood		Williams		November I	1968	6:25 W
3. SI			4 RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
	Male		V	White		29 July 19	909	lost birthdoy) 59 YRs	MUNITHS DATS	HINN CHUBIN
7 <sub>G</sub>	BIRTHPLACE (State or foreigntry)	n 7b	, CITIZEN OF WH	IAT COUNTRY?	8 MARRIED	X NEVER MARRIED	9 1	COUNTY OF DEATH		
COU	Pennsylva	nia	USA		WIDOWED	DIVORCED [		Montgomery		Md
10 (	Bethesda		11 N/ give s The	AME OF HOSPITAL OR IN: street address) Clinical	Cente	ot in haspital 12a. U	g most	OCCUPATION (Kind of work dane of working life, even if retired.) INSPECTOR	125 KIND OI INDUSTRY Build	BUSINESS OR
13o odm	USUAL RESIDENCE (Where ission) STATE Maryle	deceosed and	lived, if instituti 13b. COUNTY MC	on: Residence before	13c CITY OR Silver	Spring <sup>YES</sup>	NO [		on Aver	nue
_	FATHER'S NAME First		Middle	lost Willia		S. MOTHER'S MAIDEN NAM  MABEL 3	_		1	losi Pifer
			raborea						-	TIGI
	. WAS DECEASED EVER IN U (es., no, or unknown) (If y NO		FORCES? Edutes of service)	166 SOCIAL SECURITY I				cal Record Address ster, NIH, Bethe	sda. Ma	arvland
		iter only o	one cause per lin			<del></del>			APPROX	CIMATE INTERVAL ONSET AND DEATH
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) Septicemia								Days		
	Conditions, if any, which	gave)	DUE TO, OR A	AS A CONSEQUENCE OF Mycosis Fungoides					10 Years	
	stoting the underlying o		DUE TO, OR A	S A CONSEQUENCE OF						
*	PART 2 OTHER SIGNIFICA	NT CONDII	TIONS <u>CONTRIBU</u>	TING TO DEATH BUT N	OT RELATED TO	O THE TERMINAL DISEASE	OR CON	DITION GIVEN IN PART 1(0)		
CERTIFICATION	190. DATE OF OPERATION	19b. COI	NDITION FOR WH	ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES X NO		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH? Ye		CERTIFYING
MEDICAL CER	210. ACCIDENT WAS UND OR CONTRIBUTING CAUSE (If either, notify medical	OF DEATH examiner)		Manth Day Year	9	OW INJURY OCCURRED (	Enter no	oture of injury in Part 1 or Part 2, I	tem 18.)	
W	21d INJURY OCCURRED While Nat while at work of wark			( AT HOME FARM, STREET, FAI OFFICE BUILDING, ETC.		OCATION Street ar R.F.D.		City or Town	County	State
	22a. I certify that (*) (this haspital) attended the deceased from Sept. 11, 1968, ta_Nov. 15, 1968, that (*) (we) last saw the deceased alive an November 15, 1968, and that in (124) (aur) apinian death accurred an the date and haur and from the causes stated above, (*) (we) (did) (2004) (view the bady after death.									
	22b SIGNATURE	in (	Ente	To, MI	) · DEG	11110		CTOR PHYS X 1	1/16/6	
L.	22d. PHYSICIAN'S NAME (Type) E	rvin	H. Eps	tein, M. 1		Institu	he C tes	Clinical Center, of Health, Beth	Nation esda,	nal Maryland
230	BUR AL, CREMATION,	23b DAT	ÇE .	ZSC/ NAME OF	CENTERY OR	ESEMATORY	2	23d. LOCATION (City or Town)	(Caunty)	(State)

ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the full director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death

Poge 4 moy be retained by the haspital or ottending physician.

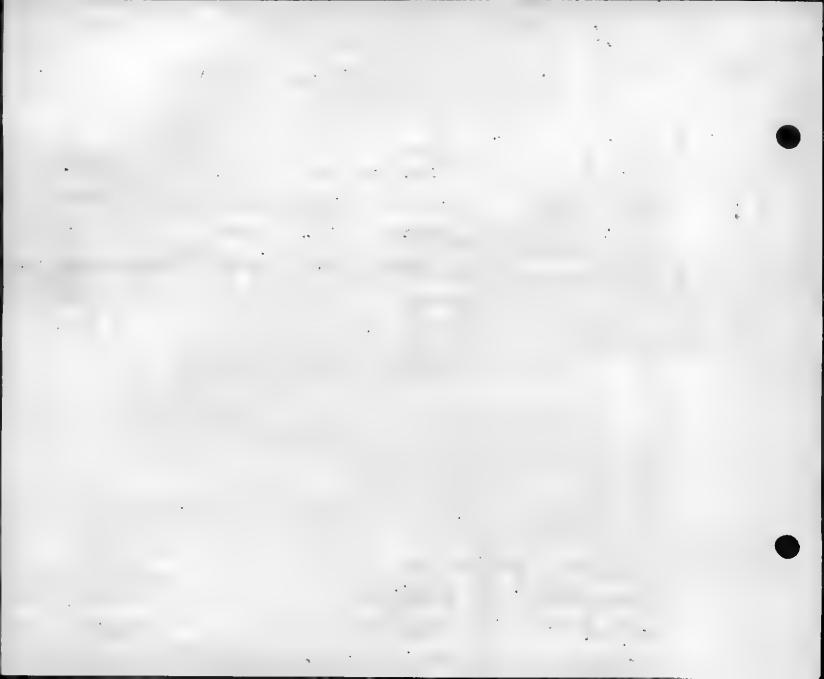
VR A15 (4) 30M REV, 1/68

BUR AL, CREMATION REMOVAL (Specify)

FUNERAL DIRECTOR,

.19.

1968



r, page 3 be filed

director, shauld

30M REV

Examiner

Cleared with Medical

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

16287 CERTIFICATE OF DEATH DECFASED-NAME First Middle Last 2a DATE OF DEATH 2b. HOUR (Type or print) 1 Month FLORA \*NMN\* WOLFE 3. SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LINDER 1 YEAR Femalle White loss birthdoy) ROURS 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 70 BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED (duntry) USA Montgomerv Russia WIDOWEDX DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Wash San & Hosp during most of working life, even if retired.) INDUSTRY Takoma Park 13a USUAL RES DENCE (Where deceased lived, funst tutran Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER STATE Md. 13b COUNTY Mont. 12919 Dean Rd. Wheaton 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME FIRST Middle Middle Last Moses Hurowitz 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (If yes give wor or dates of service) Yes, no, or unknown) Mrs. Claire Brown, as above, Daughter 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1 DEATH WAS CAUSED BYIMMEDIATE CAUSE (a) Canditians, fany, which gave ) IM CK nse ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 16-1 206, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19d DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES 🗔 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 23c. HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street of R.F.D. No. 21d. NJURY OCCURRED City or Town County State While Nat while at work 220. I certify that (1) (this hospital) attended the deceased from 10/31, 19 68, to 19 68, and that in (my) (our) opinion death accurred on the date and hour and from the saw the deceased olive an\_ causes stated abave, (1) (we) (did) (did not) view the bady after death. 226 SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR 22d PHYSIC ANS Eye St., N.W., Washington, D.C. NAME (Type) 23a. BURIA. TREMATION NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 250 REC'D BY REGISTRAR

REGISTRAR S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16283 CERTIFICATE OF DEATH DECEASED-NAME M ddle Last 2g. DATE OF DEATH First ecuted within 24 hours after deoth (Type or print) packcompletely filled in by the funeral remove carban papers. Pages Land nony event, within 72 hours after the 4. RACE S DATE OF BIRTH IF UNDER ILYEAR IF UNDER 24 HRS AGE (In years last birthaay) DAYS HOURS MARIL 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED [ ] NEVER MARRIED [ MONEGOMOLL WIDOWED 1 DIVORCED 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospita 12a uSUAL OCCUPATION (Kind of wark done give street address) 4/1/1/1/14/1/25/1/16- Hospital most of warking life, even if retired) 10. CITY OR TOWN OF DEATH 25 KIND OF BUSINESS OR WHENJON ALCCLINGE. WIN. ZWITCHBEA 3d INSIDE CON LIM TST 13e STREET AND NUMBER
YES TO NO 1419 9 1100 130. USJAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 135 COUNTY KHSHINGION YES 7 14 FATHER'S NAME First Middle e be peose 16g WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates at service) low requires that the deoth certific removal, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave) buriol-tronsit rise ta immediate cause (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) attending os the O FUNERAL DIRECTOR: After this certificate hos been for use as the f Health prior t 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 19a DATE OF OPERATION CAUSES OF DEATH? YES [ NO F 21o. ACCIDENT WAS UNDERLYING 215 TIME OF INSURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 40 (If either, notify medico! exominer) P.M. detoched AT HOME FARM STREET FACTORY ) 21 LOCATION Street or R FD No 21d INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Town Caunty While | Nat while | ot work at wark 22a. I certify that (1) (this haspital) attended the deceased from 2 .19 6 and that in (my) (aur) apinian death occurred on the date and haur and from the saw the deceased alive an. causes stated abave, (1) (we) (did) (did not) yew the bady after death 22b SIGNATURE 22 DATE SIGNER DEGREE directar, page should be filed D RECTOR PHYS 22d. PHYS CIAN'S 22e ADDRESS NAME (Type) 23d. LOCAT ON (City or Town) 230. BURIAL CREMATION 23b. DATE NAME OF CEMETERY OR CREMATORY (State) (County) KEMOVAL (Specify) 24. FUNERAL DIRECTOR VR A15 [4] 30M REV 1/68

BENJAMIN H. HARRIS CATHERINE

VANDERVAUET

# MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 16283

CERTIFICATE OF DEATH

	ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR						
-{	Type ar print) Mary	v L.	Wood	November 7	1068 M						
3. SI	EX	4 RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.						
	Female	White	Wa 30 39	lost birthdoy)	MONTHS DAYS HOURS MIN						
70	Dinata of the state of foreign	76. CITIZEN OF WHAT COUNTRY?		COUNTY OF DEATH							
cou	ntry)	USA	8. MARRIED NEVER MARRIED NOVORCED NO	Montgomery							
-	CITY OR TOWN OF DEATH				Md Md						
		11. NAME OF HOSPITAL OR IN	duting man	OCCUPATION (Kind of work done of work no if e even if retired)	12b KIND OF BUSINESS OR INDUSTRY						
	ilver Spring				At Home						
	JSUAL RESIDENCE (Where deceos	ed lived, funstitution, Residence before									
)	Maryland	13b. Montgomery	S.S. Md YES NO	433 Univers	sity Blvd.						
14	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME Fin		Last						
	Frederi	ckMaddox	Sarah La	angley							
	. WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166 SOCIAL SECURITY	NO 17. INFORMANT	Address							
1	fes, no, or unknown)   (Hyes give w	78-05-8	764 A Mrs Chas	. H. Wood 433	Univ. Blvd						
	IR CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c)			APPROXIMATE INTERVAL						
	PART + DEATH WAS CAUSED	BY A D.	Lot a Chom	- h - true vero	BETWEEN ONSET AND DEATH						
	,	TE CHOSE (U)	ocacerac con	chopnemica	a your						
	DUE TO, OR AS A CONSEQUENCE OF										
	Conditions, it any, which gave prise to immediate cause (a). (b) Wetastate Carcuawa Wholepelloes Funds.										
	storting the underlying couse DUE TO, OR AS A CONSEQUENCE OF										
	lost	(1) 00000	cowa of rec	lum	1/20000						
		IDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)							
Z	154 X										
ATIO	190 DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	206. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING						
CERTIFICATION	Hune 67	Corcuo ua A	ectur YES NO	CAUSES OF DEATH?							
	216 ACCIDENT WAS UNDERLYIN		21c HOW INJURY OCCURRED (Enter I	nature of injury in Port 1 or Part 2,	Item 1B.)						
MEDICAL	OR CONTRIBUTING CAUSE OF OFAT		9								
₹ 3	21d INTURY OCCURRED 21e		CTORY,) 21f. LOCATION Street or R.F.D No.	City or Town	County State						
	COLUMB TOOL SCHOOL	OFFICE BUILDING, ETC			,						
	22a. I certify that (I) (this haspital) attended the deceased from from 1967, to 100, 7, 1968, that (I) (the last										
	saw the deceased a	live on Love 6	1965 and that in (my) (our) anin	inn death accurred an the do	te and have and from the						
	saw the deceased alive an										
	22b. SIGNATURE, /										
	See Le LA SUS DEGREE PHYS DIRECTOR D STAFF DV/-8-68										
	22d. PHYSICIAN'S	TO THE LAND MA	22e ADDRESS								
	NAME (Type) HER	BERT S. GATO	=S_ 819. E	AST CAPCTO.	CDT. D.C.						
23 a	BURIAL, CREMATION, 23b. (			23d LOCATION (City or Town)	(County) (State)						
	REMOVAL (Specify)		ngressional Cem.		, ,,						
24	FONERAL DIRECTOR	ov. 11, 1968 CO		REGISTRAR 25b. REGISTRAR'S							
1	Lee Funeral H		MON		May Judge						
- 2	acc router or 1	HILLIGAN DILLIE	DOLL D. C. DAIL T.	- 4 1004	VA						

for EuneRAL DIRECTOR: After this certificate has been signed by the attending physician and completely file from by the funeral director, page 3 should be detached for use as the burial-transit purmit. Then please common papers, pages 1 and 2 should be filed with the State Dept. at Mealth prior to burial, commonly and in any event, within 72 hours after death. VR A15 (4) 30M REV 1/68

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate to executed within 24 hours after death Page 4 may be retained by the haspital ar attending physician.



While Nat while at wark 220. I certify that (1) (this haspital) attended the deceosed from Nov. 10, 1968, ta Nov. 14, 1968, that (1) (we) lost saw the deceased alive on Nov. 14, 1968, and that in (1991) (our) opinion death occurred on the date and hour and from the

DEGREE

couses stated oboye, Af (we) (did) (did not) view the body after deoth. 226, SIGNATURE

22d. PHYSICIAN'S

**ATTENDING** PHYS.

MED. DIRECTOR

22c. DATE SIGNED

(Stote)

NAME (Type)

J. Mervis. M. D

Naval Hospital, Bethesda, Md.

22e. ADDRESS

23d. LOCATION (City or Town)

Nov. 14.1968

23o. BURIAL, CREMATION, REMOVAL BOOK 121

23b. DATE 11/18/68

23c. NAME OF CEMETERY OR CREMATORY St. John The Baptist

Glen Lyon

25b. REGISTRAR'S SIGNATURE

(County) Penna.

24. FUNERAL DIRECTOR Sadowski Funeral Homedren F. & Sons 25a. REC'D BY REGISTRAR 1808 Eastern Ave., Baltimore, Md.

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VR A15 (4) 30M REV. 1/68

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